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18 JANUARY 1990



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JPRS Report

Epidemiology

AIDS

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Epidemiology

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ANGOLA

AIDS Leads to 28 Deaths, 156 Cases

90WE0069A Lisbon DIARIO DE NOTICIAS in Portuguese 27 Nov 89 p 26

[Text] AIDS has caused 28 deaths in Angola since 1985, the coordinator for the program to control that disease in that country, Dr Elsa Montes, revealed yesterday, adding that those deaths occurred together with some 150 cases that have been confirmed since the health authorities began monitoring carriers of the virus.

A report on the disease emphasized that "the AIDS situation in Angola constitutes a disquieting public health problem, although it has not yet reached alarming proportions." On the other hand, June 1987 data from the Ministry of Health on the spread of the disease indicate a mortality rate of 50 percent among known cases, a rate which has since declined to 25 percent due to better treatment from the medical community, which has allowed those afflicted hope for a prolonged life.

In this country there are currently 156 individuals who have tested positive, who are monitored by the national technical commission created in October 1987 to coordinate the programs against Acquired Immune Deficiency Syndrome, said Elsa Montes.

The vast majority of the afflicted are of Angolan nationality and only sporadic cases of contamination have been detected among foreign citizens of Zairian, Cape Verdian, or Namibian nationality.

"They all belong to high-risk groups, which include heterosexuals, pregnant women, and blood donors," said that authority.

According to the official report on the disease, "the only common factor that characterizes almost all the cases is that the carriers had lived for many years in neighboring countries," in a clear reference to the republics of Congo and Zaire.

"Until now, a greater number of HIV-1 virus infections have been detected in the RPA, although some studies have later indicated the existence in circulation of HIV-2, which makes the epidemiological situation and control of the disease in this country more complex," the report warns.

The provinces with the greatest number of cases are located in the north of the country, particularly Uige, Zaire, Cuanza-Norte, and Luanda.

According to Elsa Montes, sporadic cases of AIDS have been detected in the other regions of the country.

500,000 Additional Cases Worldwide

Meanwhile, the director of the program against AIDS in the World Health Organization, Jonathan Mann, said that more than 500,000 additional people could contract

AIDS over the next 2 years if the current rate of contamination is maintained.

In the year 2000 that number could reach 6 million if a vaccine or efficient treatment is not found by then, the WHO official added, during a symposium on AIDS organized by the Ministry of Health of Great Britain.

The epidemic progresses rapidly, said Jonathan Mann, who called upon all countries to follow efforts to contain it. WHO estimates that there are currently between 600,000 and 610,000 people contaminated by the virus.

Last 1 November WHO had recorded 186,803 cases of AIDS in 152 countries, after it had been notified of 4,000 additional cases in October.

KENYA

Country Named AIDS Research Center

34000223Z Nairobi DAILY NATION in English 8 Nov 89 p 5

[Article by Emman Omari: "Kenya Chosen by WHO"]

[Text] The Minister for Health, Mr Mwai Kibaki, yesterday said Kenya has been chosen by the World Health Organisation (WHO) as a centre coordinating research into the cure of the dreaded Acquired Immune Deficiency Syndrome (AIDS).

The minister said the Kenya Medical Research Institute (Kemri) was chosen as a regional centre because of its facilities and qualified doctors.

Mr Kibaki said this while answering questions on the Voice of Kenya's (VOK) Press Conference programme last night.

He told a panel of journalists that Kenya reports AIDS cases to WHO appropriately because "we do not want to hide anything."

The minister said there were now over 6,000 confirmed AIDS cases in Kenya.

He said his ministry was now setting aside wards in every provincial hospital including Kenyatta National Hospital for AIDS victims.

"Isolation does not mean they will be taken to remote places. It means putting them in separate wards where they can be looked after by more qualified staff," he said.

Mr Kibaki, who spoke on a wide range of subjects, said the ministry was now discussing with the nurses association about a recent request by nurses for special wear and allowance to those who looked after AIDS victims.

On the subject of cost-sharing, set to begin next month, he said it would improve services in all hospitals.

Patients will be required to pay a fee whose amount will depend on the service given. The cost sharing will start on 1 December.

Mr Kibaki allayed fears that the introduction of cost-sharing would deny some Kenyans medical treatment.

He said the dispensaries would continue to provide free services. Those that will charge fees will be run by a local board, he said.

The local boards would ensure that desperate cases got free medical services.

"What we are saying is that we have expanded so much that we no longer can continue to shoulder everything. The communities should come in to help run the services," he said.

The money collected would be used by the hospitals and the boards would be accountable for its use, he stressed.

The minister said more clinics would be built to cater for mental patients. He said that in addition to Mathari mental hospital there was another at Gilgil which was being expanded.

Mr Kibaki said the ministry would increase the number of medical personnel through training which was currently inversely proportional to health requirements.

He said a new medical school would soon be opened at Moi University, Eldoret, to supplement that of the University of Nairobi.

MAURITIUS

AIDS Information Campaign; Four Cases

90WE0076A Port Louis LE MAURICIEN in French
27 Nov 89 p 12

["Official: Four Cases in Mauritius"; passage within slantlines published in Creole]

[Excerpt] Mauritius has thus far had only four cases of AIDS, and it has only six known seropositive cases. These figures are given by Dr Chan Kam, national coordinator for AIDS, who just presented the press with documentation relative to the observance of 1 December, the second World AIDS Day. He also said "One cannot assume an exact number of seropositive cases, but the information gathered until this date, on the basis of blood donors and high-risk groups—30,000 and 3,000 individuals, respectively—is reassuring. However, vigilance and prudence are required."

Hence the emphasis of the Health Ministry's AIDS Unit on information; the only means of preventing AIDS. Travelers are warned against casual contacts in countries where AIDS is very widespread.

"Almost all (Mauritian) seropositive cases were infected abroad, in countries where AIDS is widespread, particularly in East Africa and Europe," said Dr C. Chan Kam.

He, nevertheless, does not disregard the importance of making the population aware of the risks of infection in Mauritius. That is not always an easy task since "AIDS, because of its sexual connotations, still is a mysterious disease for many, above all in countries like Mauritius where its prevalence is still low."

In order to combat "harebrained notions" and "dangerous and negative reactions that do immense damage to those already involved," the AIDS Unit emphasizes the nature of AIDS.

It is said that "the cause is a virus that was identified in 1983 and that is known as HIV or virus of human immunological deficiency. This virus is transmitted in only three ways: sexually; from one infected person to another; by infected blood; and from an infected mother to a baby during pregnancy or while giving birth.

Above all, it is not transmitted in the air, in the water, in food, by mosquitoes, etc. It is, therefore, much easier to prevent AIDS than to catch it.

AIDS Day will include the following activities: On 30 November, a press conference by the Health Minister and a representative of the World Health Organization [WHO]. The same day, an exhibit will open at the Emmanuel Anquetil building (ex-Registrar Building), Port Louis. On 1 December, during a radio broadcast, young people can question the heads of AIDS programs in Geneva for ten minutes. There will also be a projection that day on the MaBC/TV of the film, "AIDS: We Are All Concerned," produced by the Broadcasting School and the Health Ministry. Open Door days will provide arrangements for conversations with counselors and requests for tests.... [passage omitted]

All men and women will be welcomed who, for one reason or another, "think they might have been exposed to the virus during the preceding years," particularly those who have been in countries where AIDS is very widespread. Two thousand posters will be distributed on the theme "Young/AIDS—/Avek nou, pena sime/." Cassettes on AIDS will be distributed free at various centers.

On 1 November 200,000 cases of AIDS throughout the world had been reported to the World Health Organization, although the WHO estimates the number of infected persons at 500,000. There are 7 or 8 millions contaminated but not yet sick.

MOZAMBIQUE

Nationwide Anti-AIDS Campaign Reviewed

90WE0062A Maputo NOTICIAS in Portuguese
6 Nov 89 p 4

[Text] The Special Program for AIDS (SPA) was formally established by WHO on 1 February 1987 (now called the Global Program for AIDS (GPA), and was assigned responsibility for the immediate mobilization

of national and international energies and resources for global control and prevention of AIDS.

The 40th World Health Assembly (May 1987) called upon all member states to establish or reinforce AIDS control and prevention programs, in cooperation with the GPA, as was done by the UN General Assembly at its 42nd Session in New York (October 1987). To date over 130 nations have requested cooperation from the GPA for the development of national plans.

An attempt is being made to have all the backing for national AIDS prevention and control programs coordinated and directed according to that program. It is also intended to make the establishment of national plans represent an invitation and opportunity for all the active institutions in a country to participate, depending on their potential, in the effort to curb the transmission of the HIV infection and to care for those suffering from AIDS. The following affords a general view of the national planning process.

Formation of a National AIDS Commission

The formation of a National AIDS Commission (CNS) is the first critical step in the development of an AIDS prevention and control program. It is the concrete expression of the nation's readiness to deal with the complex problems associated with HIV infection. Furthermore, it provides mechanisms for carrying out all the necessary, integrated activities to prevent and control AIDS.

In fact, the CNS must act as a consultative body of the Health Ministry, considering all aspects of the program's development and implementation, including the legal, ethical and financial management areas, the international aspect, and technical considerations.

The composition of the CNS must be sufficiently large to ensure representation of all of the society's leading sectors and organizations.

The CNS decides on basic principles and a plan of action to which the program will adhere, guiding the future development of strategies and activities. Obviously, treatment will differ from one country to another.

However, there are certain features that appear in nearly all countries which require consideration in the CNS, and which can ensure explicit guidance, for example:

Vigilance and reporting of AIDS cases and persons infected by HIV in the country;

Advice for persons infected by HIV, for AIDS cases, and for families and other contacts, including decisions on who is to be informed of test results (the issue of confidentiality);

Distribution of responsibilities for the program through intersectoral cooperation, involving nongovernmental organizations (NGOs) and use of existing health resources and infrastructure.

Short-Term Plan

There must be an initial epidemiological evaluation to review and make a critical analysis of the data existing in the country on HIV infection and AIDS cases; and, when necessary, the collection and analysis of new information.

Initial resources must be tallied to determine the capacity of the existing health services to support the epidemiological, educational, laboratory, clinical, and preventive components of a national AIDS program.

The resources tally should consider the availability of resources in the private sector, NGOs, and governmental and international volunteer organizations. The areas considered include: vigilance and epidemiology; laboratory diagnosis; equipment and supplies; diagnosis of patients; care, treatment, and conduct; education and training of all health workers on all levels in the health services; blood banks and transfusion systems; resources for receiving patients; organizations that can participate in public health communication and educational programs; guidance and practice for use and re-use of needles, syringes, and other surgical and dental instruments; lancets used to diagnose malaria and other instruments that perforate the skin, wherever they are used; communication of information; educational systems; and legislation.

This initial epidemiological inventory and that of resources are typically on an immediate and short-term basis, so as to provide the necessary support urgently.

Medium-Term Plan

A medium-term program (PMP) serves two important purposes: it acts as an instrument for implementing the national control program, identifying the activities to be carried out (where and when, the costs, and the individuals to assume responsibility); and it constitutes a document that can be used to mobilize external funds.

The medium term is considered to be between 3 and 5 years. However, in view of the uncertainty regarding the future development of AIDS, it is unlikely that any country will prove capable of preparing a PMP that will not require revision during this period of time.

The PMPs typically adhere to a structure of strategies aimed at objectives:

Prevention of sexual transmission, requiring intervention for health promotion leading to changes in sexual conduct;

Prevention of transmission through blood, involving technology (for example, blood analyses), as well as health promotion programs (for example, among users of injectable drugs);

Prevention of perinatal transmission, involving the training of health workers and a variety of directed information, educational programs, and advice.

In addition, planning should consider the care to be given to AIDS patients and a reduction in the impact of HIV infection upon individuals, their families, and their communities. Since the plans for health workers, training, health promotion, and evaluation require more than one strategy, these are normally handled in separate sections of the National Plan. A complete description of the GPA is provided in "Guidelines for the Development of a National AIDS Prevention and Control Program (WHO/GPA)."

On behalf of this planning process, the WHO GPA provided assistance in the preparation of 75 short-term and 21 medium-term plans. Immediate help was given to 71 countries involving agreements for services or other types of technical or financial assistance.

AIDS Vigilance: Report

As of 10 February 1988, the worldwide total for reported AIDS cases was 77,984 in 162 countries. AIDS was reported in all parts of the world.

Continents	Number of Cases	Countries or Territories Reporting Cases
Africa	8,752	48
Americas	59,217	44
Asia	225	28
Europe	9,004	28
Oceania	78614	
Total	77,984	162

The lack of reporting and the widespread inadequacy in recognizing and diagnosing AIDS mean that the number of cases reported is a very small estimate of the true incidence of AIDS. The WHO estimates that, by the end of 1987, there were approximately 150,000 AIDS cases throughout the entire world. Even this estimate does not adequately reflect the current clinical dimensions created by HIV, because AIDS cases represent only the final phase of serious, irreversible damage due to HIV infection.

Support for the National Program

The GPA's support for the national programs is provided as follows:

—The member state contacts the GPA (preliminary discussion).

Initial visit to the country. Immediate assistance for emergency action (short-term plan).

—Development of the National Plan (medium-term plan).

—Technical and/or financial assistance for implementation of the National Plan.

NIGERIA

16 Deaths, Increase in AIDS Cases Reported

53000014 Lagos *DAILY TIMES* in English
22 Oct 89 pp 1, 3

[Article by Ranti Famuyibo]

[Text] Sixteen Nigerians have died of the dreaded Acquired Immune Deficiency Syndrome (AIDS), the Sunday Times investigations have revealed. The deceased were from 35 sufferers put under intensive medical care throughout the country.

So far 49,839 Nigerians have been tested to determine if they have the AIDS virus. Of this number, 181 were considered positive and 35 developed the disease, leading to the 16 deaths.

The Director of Disease Control and International Health at the Federal Ministry of Health, Dr Gabi Williams, confirmed the findings, but refused to give the breakdown of AIDS cases state by state.

Sources close to the ministry said that at least four cases of AIDS victims have been identified at the University College Hospital (UCH) Ibadan, out of which one outpatient was claimed to be an employee of one of the country's television houses.

Dr Williams said the ministry was yet to adopt the World Health Organization's medium-term plan for AIDS prevention and control in Nigeria.

But he said that the ministry had already sent a draft of the proposal which was prepared in March, to the world body, adding that Nigeria's AIDS programme coordinator, Dr E.A. Abebe, was already in Geneva to discuss the final draft.

The medium term plan was a WHO's device to involve governments in developing medical research centers and establishing effective communication strategies and public enlightenment on the disease with a view to checking its spread.

Dr Williams agreed that not much was being done locally, adding: "The curative research is beyond what we can do here. What we are doing is to concentrate on Knowledge, Aptitude and Practice (KAP) studies".

He debunked the earlier reports that WHO had given Nigeria eight million dollars to prosecute anti-AIDS programme, saying that the total sum made available to Nigeria so far was 303,000 American dollars.

Armed Forces Warned of AIDS Spread

54000110B Lagos *DAILY TIMES* in English
29 Nov 89 p 14

[Text] Defence Minister Lt.-General Domkat Bali has warned members of the armed forces and the police to

change their sexual behavior to avoid contracting the dreaded Acquired Immune Deficiency Syndrome (AIDS).

Lt.-General Bali gave the warning in Lagos yesterday at the armed forces and police day of action against AIDS.

Lt.-General Bali, who spoke through the acting director of army medical services, Brigadier Sunday Simikaye, noted that the potential sources of AIDS were through sexual intercourse and blood transfusion.

He warned: "There is no doubt that we have to change our sexual behavior if we are to avoid the spread of this enigmatic disease."

He said the warning became necessary because most of the military hospitals spread across the country lacked facilities for screening AIDS in donated blood.

While Gen. Bali hoped that the Federal Ministry of Health would help provide AIDS screening equipment, he advised participants at the occasion to educate their colleagues and other ranks on the preventive methods.

Last month, Health Minister Prof. Olikoye Ransome-Kuti, in a keynote address at the first all-African conference of armed forces and police medical services noted that members of the armed forces worldwide were susceptible to acquiring AIDS.

He said 10 of the 25 military personnel from African countries on a military training programme in Nigeria were found to be AIDS carriers.

Speaking on yesterday's theme: "AIDS your enemy, fight it" a surgeon at the University College Hospital (UCH), Ibadan, Prof. Toriola Solanke, suggested that all members of the armed forces and the police should be screened for AIDS with immediate effect.

Prof. Solanke, a World Health Organization (WHO) consultant, also suggested the setting up of a coordinated blood transfusion center by the armed forces to work in concert with the National Blood Transfusion Center to make donated blood safe for them.

He warned against the use of fake condoms which, he said, were common in the market, stressing that people should always buy their protective condoms from genuine pharmaceutical stores.

During question-and-answer session, Federal Health, Ministry's representative, Dr Gabby Williams, said that the WHO had approved a N300 million (\$40 million) for the fight against AIDS, in Nigeria.

Medical Experts Baffled by AIDS Rate

54000110A Lagos DAILY TIMES in English
28 Nov 89 p 15

[Article by Laide Shokunbi]

[Text] Nigerians low incidence of AIDS affliction and human immunodeficiency virus (HIV) baffles medical experts and scientists.

A medical expert with the World Health Organization (WHO) Lagos Country Office, Dr G. M. R. Munube, in a paper he presented at the opening of this year's World AIDS Day commemorative activities, said experts were of the view that the situation ought to be different.

"With a huge population of about (112 million) and a highly sexually active adult populace," Dr Munube wondered why the current AIDS picture should be the relatively low: 16 deaths, 35 patients and seropositivity of 255 persons.

He said it was possible that there had been underrecognition and underreporting of AIDS cases, as well as seroprevalence studies having too small samples that are not representative of the actual Nigerian population.

He warned that with the trend in travelling mainly to West African countries where male-female sexual activity is one major mode of HIV transmission and rural-urban migration, the chances are that AIDS will spread more rapidly and particularly to rural areas where the disease is as yet not a serious issue.

On the attitude of some people who still regard AIDS a myth, Dr Munube said "what many people would like to see is hundreds of AIDS victims before they can believe that AIDS is a threat to the nation...or if relations or 'big' people were to come down with AIDS."

In his paper at the AIDS Media Day activity, Prof. Andrew Moemeka of the Department of Mass Communication, University of Lagos, said that the media had created positive awareness of the disease among the populace.

Unfortunately, he went on, media messages had generated a near-zero behavioral and attitude change that the AIDS campaign demands.

Prof. Moemeka's submissions, based on a study which started with 110 respondents, included the finding that most people (about 60 percent) were unwilling to discuss what action they had taken to reduce the risk of getting infected with HIV.

Another 10 percent, he said, had not done anything and would not take any steps to prevent catching AIDS.

The implication, Prof. Moemeka said was that interpersonal communication was missing from the campaign and must be added for effectiveness.

Women Urged To Wage Total War on AIDS

54000110C Lagos DAILY TIMES in English
30 Nov 89 pp 1 & 10

[Text] The First Lady, Mrs Maryam Babangida, yesterday in Lagos enjoined women to throw aside their coyness and be more open and frank in tackling the issue of Acquired Immune Deficiency Syndrome (AIDS).

In an address delivered on her behalf by the wife of the Chief of General Staff, Mrs Rebecca Aikhomu, at the

women's rally organized as part of World AIDS Day celebration, Mrs Babangida said: "As women, we must be prepared to face the challenge of this epidemic which will erode into our families. We must be concerned about how to talk to our husbands and children about AIDS."

She remarked that since there was no cure for AIDS, and no vaccine to prevent it and there had been much panic and misinformation about how it might be spread, there was need to heighten women's awareness on AIDS, their understanding of AIDS and their role in control measures.

According to her, AIDS prevention messages may not reach women due to their lack of education or confinement in the home.

Explaining women's vulnerability to the enlightenment, Mrs Babangida noted that poverty, rapid urbanization and economic depression in many developing countries were forcing millions of women into prostitution, thereby exposing many to the virus.

She also pointed out that economic and psychological dependence and fear made many women unable to insist on their partners fidelity or to negotiate condom use.

"AIDS virus have cast a shadow over childbearing," she said, adding that reports have shown that more than 30.5 percent of antenatal clinic patients in some African countries have the virus.

She observed that Nigeria now has 87 AIDS patient and 255 seropositive and of all the seropositive diagnosed, eight were pregnant women while the babies are still being closely observed.

She, therefore, urged the women, as great mobilizers of the society, to come together in the fight against AIDS and the fear of AIDS.

In her opening remarks, the chairman of the occasion, Dr (Mrs) A. Okoisor, said, AIDS was no respecter of persons, rank, occupation, professional or social status.

Dr Okoisor, therefore, urged the women at the rally, to mobilize for the improvement of the health of their families.

In a paper titled, "AIDS In The Home" Dr I. Akinsete of Lagos University Teaching Hospital (LUTH) said a person with AIDS was in need of both psychological and physical support of the family.

SOUTH AFRICA

Rising AIDS Figures Released

54000013B Johannesburg THE CITIZEN in English
7 Nov 89 p 11

[Text] The number of AIDS cases reported in South Africa is rising steadily with a total of 283 cases reported since 1982—and of these only 43 percent have survived.

According to figures released by the Department of National Health yesterday, this year alone a total of 114 cases had been reported. In 58 of these cases fatalities have already been reported.

The majority of the cases reported up to now involved White homosexual males living in the Johannesburg area but the number of Black heterosexuals contracting the disease is on the increase.

Of the total number of reported cases 184 White, two Black, two Indian and seven Coloured homosexual males have contracted the disease.

Among heterosexuals, six White men, two White women, 18 Black men, 25 Black women, one Coloured man and one Coloured woman have contracted the disease.

Blood transfusions and hemophiliac treatment have resulted in 15 White men, 3 White women, five Black men and two Coloured men contracting the disease.

Among Blacks, a total of nine cases were reported where the mother passed AIDS on to her unborn child.

Most of the cases—135—have been reported in Johannesburg. Fifty-one have been reported in Cape Town, 37 in Durban, 21 in Pretoria and 10 in Bloemfontein.

Efforts To Halt Spread of AIDS Viewed

54000008b Johannesburg THE WEEKLY MAIL in
English 29 Sep-5 Oct 89 p 12

[Report by John Perlman: "AIDS is Moving Fast—But Can the Health Authorities Keep Up?"; first paragraph is introductory paragraph]

[Text] AIDS is spreading through South Africa at an accelerating rate. John Perlman reports on health officials' attempts to stop the incurable disease.

In the time that has elapsed between the government's last public awareness effort around AIDS and the campaign launched this week, the official number of people with the disease in South Africa has risen from around 110 to 276.

The real figure is almost certainly higher; there is under-reporting of AIDS cases everywhere in the world. Here, some, like Professor Dennis Pudifin of the University of Natal, believe our caseload could be 30 percent higher than reported.

The extent of the problem cannot, however, be gauged just from the number of AIDS cases. There are also an unknown number of people infected with the human immunodeficiency virus (HIV) which causes AIDS.

Interviewed on television last week, a senior Department of National Health official, Dr Hans Steyn, said there could be as many as 20,000 people with HIV infection.

Others believe that figure could be higher. According to Professor Steve Miller, president of the Sexually Transmitted Diseases Society and a doctor at the HIV clinic in Johannesburg, 35,000 is more realistic.

Recent surveys indicate an alarming rise in HIV infection. A study at the Durban clinic for sexually transmitted diseases (STD), conducted between June 1988 and February this year, found more than three in every 100 women and nearly two in every 100 men tested were infected with HIV.

And a survey of nearly 85,000 blood samples taken from pregnant black women by the South African Blood Transfusion Services in Johannesburg found that in mid-1987 one in 2,753 tested positive. By October last year, that figure was one in 461.

This picture of AIDS spreading in leaps and bounds is not surprising—nor is it unique to South Africa.

But it does beg two questions: with so much evidence that AIDS has already made deep inroads here why has it taken the government more than a year to move from one public awareness campaign to the next?

And looking to the future, is this campaign going to be part of a stepped-up effort which tackles AIDS on other levels? If so, what else is going to be done? Steyn did, after all, say on *Netwerk* that his department was "very worried".

It would be wrong to say that the government has done nothing in between the two public awareness campaigns. Centres to train AIDS educators and counsellors have been set up in Durban, Cape Town, Port Elizabeth and Bloemfontein this year at a cost of R5.5-million.

And while the money allocated to making the public aware is hardly impressive—the two campaigns have cost just over R2-million, less than half the cost of the Info song—this campaign is more informative and more frank than the last one.

The campaign does not address the political suspicion that has surrounded previous AIDS prevention efforts. But it at least avoids the racially specific advertising used before—graffiti on a wall for whites, a grim funeral scene for blacks—which many felt was counterproductive.

But however good the advertising and brochures may be, their contribution to stopping AIDS will depend on what else is done. Department representatives said as much in pointing out that the advertisements were part of "an

ongoing process. Any education campaign is not a one-off effort but needs regular reinforcement to stimulate awareness, bring about behavioural change and to sustain such behaviour change."

But if that is to be achieved, three areas are crucial. First, while the brochures tell people concerned about AIDS where they can get immediate help, the disease confronts individuals and communities with a range of needs.

The experience world-wide has been that many of these needs—education, counselling, support for people with HIV and with AIDS—are best met by community and peer groups who can best ensure that they reach their target audiences. Most important people with HIV and AIDS have a major role to play.

It has been a criticism of the central government's AIDS effort in the past that these groups have not been drawn on. There are no representatives of gay organisations—who have a longer involvement in AIDS education work than any others—on our only consultative body, the AIDS advisory committee. Nor are there any black members.

There has also been little attempt to channel resources to community groups. On the contrary, organisations like the Gay Association of South Africa in Cape Town, have had to battle to get a fund-raising number.

Second, to what extent is the government going to let moral issues colour what should be objective public health advice? While the brochure's frankness is an improvement, the message on *Netwerk* was sometimes equivocal and even contradictory.

The brochure described condoms as "the best preventive measure against AIDS besides not having sex and practising safe behaviour".

But the TV programme's main focus on condoms was to show a short clip from a US network which showed that many condoms had been tested and found defective. This was immediately followed by Steyn stressing that "a man and a woman must stay together".

And third, what steps are going to be taken to ensure that people with AIDS and with HIV are taken care of—both those already infected or ill, and those who are certain to follow?

The current picture is not an encouraging one. In April this year, a small group of people with AIDS and people with HIV infection formed an organisation called Body Positive. Based in Johannesburg, it started with 36 members; there are now about 400.

"Our emphasis is on living with HIV, not on dying from it," says Body Positive chairman Johan van Rooy. "We don't believe in simply associating HIV infection with death.

"People with AIDS and HIV have been labelled as victims and part of a problem instead of being seen as

part of a solution. We believe that if you look after yourself you can improve your health."

But for most people with HIV and AIDS, Van Rooy says, that has been an uphill battle. What prompted him to help start up Body Positive was a visit to a friend who he had met at the HIV clinic.

"He had absolutely nothing in his flat, just a duvet which he wrapped around himself. He had to give himself an injection everyday for Kaposi's Sarcoma (a common opportunistic infection in people with AIDS) but he had no fridge in which to keep his medication," Van Rooy recalls.

Dealing with destitution has been one of Body Positive's principle activities. "A disability pension pays out R251 a month," says Van Rooy. "There is not much else available."

A major problem, he says, is that people who are HIV positive are losing their jobs, often through subtle pressure. "One guy who worked at a hotel began doing some AIDS education at work and dishing out condoms.

"When management asked him what he was doing he said he himself had tested positive and wanted to help warn other people. He was moved into the furthest office they could find, they insisted that he use his own mug, and eventually he left."

Body Positive is cautious about portraying people with AIDS and HIV as helpless victims. "We didn't wait for the health authorities or the government to help us," says Van Rooy.

But he insists that isolating people who are HIV positive is contributing to the spread of AIDS. "It is clear that stress can activate the virus in people who are still asymptomatic," he says.

It is a view Miller shares. "With people who experience isolation, guilt and stress, the disease progresses at a much faster rate. They last less time.

"It is very different with people who have a strong sense of self. A decent welfare policy for people with AIDS and HIV would, in the long run, be an investment."

Experts Give Predictions on AIDS

54000017B Johannesburg THE STAR in English
30 Nov 89 p 14

[Article by Jenny McMahon: "Modern-Day Plague Sweeps On"; first paragraph is THE STAR introduction]

[Text] Health authorities and community organisations throughout the world will tomorrow focus attention on a modern plague that is sweeping Earth—the deadly AIDS virus, which is claiming thousands of victims, but for which there is still no cure in sight. Jenny McMahon reports.

The World Health Organisation's AIDS Day today focuses our attention on the modern plague that has swept the earth in the last 10 years.

"AIDS could prove to be more of a threat to humanity than the worst outbreak of the bubonic plague in the mid-14th century when at least one third of the populations of Europe and Asia died as a result."

This is the view of Mr Keith Edelston in his book "AIDS: Countdown to Doomsday".

South Africa has not escaped the scourge. Since 1982 when the first three cases of AIDS were reported here, 160 people have died of the disease. This year alone 114 new AIDS cases had been reported by October 26. We still have one month of 1989 left before the total figures for the year are known.

These figures appear to be a drop in the ocean when compared with the 20 South Africans who die of tuberculosis each day. The difference is that TB is curable.

The number of South Africans infected with the human immunodeficiency virus (HIV) which causes the disease is unknown although Dr Steven Miller, consultant at the Johannesburg Hospital's HIV Clinic, estimates it to be about 39,000.

Currently, it is felt that about 60 percent of carriers of the virus will contract full-blown AIDS although some health officials believe this figure to be much higher.

People infected with HIV do not necessarily show any symptoms. This is because the virus has an incubation period during which time the infected person looks and feels well. It is now thought that the incubation period could be as long as 15 years, says Dr Jack van Niftrik of the AIDS Policy Research Centre.

The Department of Health says that the Blood Transfusion Service in South Africa has been safe since 1985. Even so, there are at present 10 haemophiliacs here suffering from blood transfusion AIDS.

According to the Department of Health, HIV is transmitted primarily through homosexual and heterosexual intercourse in South Africa. Nine South African children, however, have been infected through mother-to-child transmission.

Scenario

A survey in May 1987 of women attending antenatal services at Baragwanath Hospital found one in every 2,130 to be HIV positive. In August, only 15 months later, that figure had changed to one in 360.

Mr Edelston, a financial consultant and member of the AIDS Economic Research Unit, says we should allow for 6 percent of all South African whites being killed by AIDS by the turn of the century.

In a best case scenario, 13.5 percent of the black population will be dead or dying by the year 2000. In the worst case scenario, that figure changes to 45 percent by 1996.

The truth, he says, probably lies somewhere in between.

So what is South Africa doing about this?

It is widely agreed that education about AIDS is necessary to stop the spread of the disease. In South Africa education is "a major problem" says Dr Ruben Sher of the South African Institute for Medical Research.

"It is difficult to have a programme that will suit everyone in the country," he says.

To date, official education programmes in South Africa have involved two awareness campaigns and the setting up of AIDS Training and Information Centres (ATICS) in Cape Town, Port Elizabeth, Bloemfontein and Durban.

A similar centre has been in operation at the Institute for Medical Research in Johannesburg since January 1988.

The ATICS have been set up to "increase local awareness, apply factual information, train health advisers and counsellors and arrange workshops" as well as carry out counselling and operate local AIDS surveillance projects, says a Department of Health spokesman.

The first awareness campaign in 1988 involved television and radio commercials and press advertisements. The objective was to "impart information, raise awareness of the causes of AIDS and direct people to sources of more in-depth information", said Mr Tim Bester, vice-chairman of McCann Advertising.

A post-campaign survey done by Market Research Africa indicated that the campaign succeeded in this, but claimed that there was still a need for more information. This, it said, would be tackled by future advertising.

Following this in 1989, the second awareness campaign was launched. Three million brochures in nine languages were distributed to clinics, pharmacies, health centres and other outlets.

Dr Dennis Sifris, head of the Johannesburg Hospital HIV Clinic, was sceptical about the campaign. He pointed out that in a country with a population of over 30 million, only 3 million brochures were printed.

Many experts agree that the only way to stop the spread of AIDS is by "education in prevention" as Dr Sher has often said.

Dr Stan Schoeman of the Africa Institute says that merely raising awareness of the causes of the disease will not do this.

Dr Schoeman believes that the social, religious and economic aspects of each group need to be looked at before an educational campaign could change behaviour.

AFSA believes in involving industry, business, trade unions, churches, doctors and concerned individuals and groups in an effort to change social and sexual behaviour.

Another private enterprise initiative, The AIDS Policy Research Centre, has been in existence since 1987. Unlike the AIDS Foundation, it "provides practical advice, audits and hands-on corporate policy planning for the entire sub-continent", says Dr van Niftrik of the Centre.

AZT Drug Soon Available at Academic Hospitals

54000013A Durban *THE DAILY NEWS in English*
6 Oct 89 p 6

[Text] Health authorities in South Africa may soon make available the drug AZT—used for the treatment of AIDS patients—at academic hospitals.

A spokesman for the Department of National Health and Population Development said the extremely high cost of AZT and the risk involved in treating AIDS patients had been taken into account.

"The head of the Department of Internal Medicine of the relevant hospital should accept co-responsibility for the selection of patients for this treatment," he said.

The availability of resources and the patient's condition would have to be considered.

The spokesman said that by the end of March this year, 47 patients in South Africa had been treated with AZT.

Seven died during treatment, treatment of another seven was stopped, and four had left the country.

"A total of 29 therefore remained on treatment. From the middle of August—when the drug was registered by the Medicines Control Council—data was no longer available from the firm that supplies AZT."

He said according to the Department of Hospital Services, on September 20, only one patient was being treated with AZT at a Natal provincial hospital.

In the Transvaal, eight patients were being treated; four in the Free State and seven in the Cape.

Statistics of patients in private hospitals could not be obtained.

AZT is registered by the Medicines Control Council as an antiviral agent under schedule four.

It is not a cure for AIDS, but can prolong life or improve quality of life.

More Blacks Reportedly Test AIDS Positive

54000008a Johannesburg *THE CITIZEN* in English
20 Oct 89 p 2

[Text] There has been a significant increase in the number of Black people testing positive for HIV antibodies, a member of the AIDS Advisory Committee, Professor Denis-Pudifin, said in Durban yesterday.

About 200 people in the country had tested positive for virus antibodies since July, and an increased percentage of these were Black.

This indicated a disturbing increase in the spread of the disease in this community.

Education was necessary to slow down the spread of the disease and individuals needed to take responsibility against the possible transmission of the killer virus, Prof Pudifin said.

Meanwhile, in Sandton yesterday, American AIDS specialist, Dr Glen Margo said AIDS was a big problem in Africa and South Africa.

Dr Margo, director of the US AIDS com programme, was involved in implementing AIDS prevention programmes in developing countries.

He was speaking at the South African Institute for Medical Research congress.

"HIV infection is everyone's problem, anyone is potentially at risk and no-one can afford to ignore AIDS," he said.

"People are not practising safe sex. There is no mobilised community response to AIDS and not even the resources for any kind of reaction," he said.

Dr Margo said the migrant labour system encouraged AIDS and the mines were potentially high risk areas, with workers spreading AIDS across countries' borders.

He said AIDS policy should encourage voluntary, confidential testing, counseling and treatment.

"Discrimination against those who are HIV infected should be prohibited and confining HIV carriers must be forbidden. A single official policy spokesman should be designated to speak publicly about HIV infection," he said.

"Commitment and responsibility in dealing with the HIV virus needs to be institutionalised if it is to be effective," he said.

One of the most controversial issues has been HIV testing and the purpose for which testing and test results are used.

Those being tested must do so voluntarily, he said.

Government, Private Sector To Fight AIDS

54000011 Cape Town *THE ARGUS* in English
12 Oct 89 p 1

[Article by Bruce Cameron]

[Text] The government is trying to establish a foundation in partnership with the private sector to fight AIDS.

The move comes against the latest figures being produced by AIDS researchers which show the incidence of HIV positive cases is now doubling every six months in South Africa.

A spokesman for the Department of National Health was loath to comment on the proposed foundation apart from confirming that the department "is looking into the possibility of establishing a foundation."

Mr Mike Ellis, Democratic Party health spokesman, said in an interview that he hoped the government did not intend to abrogate its responsibilities by attempting to establish the foundation.

Raise funds

According to people involved in the negotiations the main purpose of the foundation would be to raise funds to finance an AIDS campaign.

The government has indicated that it sees AIDS as a "social" and not a "health" problem and feels the private sector should be closely involved in combating the spread of the disease.

Mr Ellis said that the government's AIDS programmes have not been "overly impressive so far."

An AIDS Foundation could be seen as a way for the government "to opt out of its responsibilities and this possibility cannot be ignored."

"It is also probably directly related to the severe state of our economy and the fact the government does not have the money to embark on expensive programmes no matter how necessary they are.

"If this is the case the foundation must be seen in a positive light as the potential saviour of hundreds of thousands or even millions of lives."

Mr Ellis said a foundation might prove less reluctant to embark on real educational programmes than the government had been.

He pointed out that the government had been criticised for its ineffective action in fighting AIDS.

"There is a very real need for an extensive and on-going educational programme which would include radio, television and the Press as well as a programme for use in schools.

"Set to double"

"Many medical doctors are claiming that the number of AIDS carriers will double every six months from now making it essential that every child and every adult in the country is aware of the dangers and in particular how the disease is spread and how it can be prevented."

South Africa has also been criticised for being one of the few civilised states in the world that is not funding the treatment of people affected by AIDS.

The treatment is expensive and way beyond the means of most people.

- The Argus Foreign Service reports from London that the spread of AIDS among heterosexuals has increased dramatically.

According to the Department of Health's latest figures, nearly five people a day are being infected in Britain.

Altogether 11,218 people have been reported as infected up to the end of September.

The figures show an increase of 424 since the end of June. In the same three-month period there was a 16 percent rise among heterosexuals compared with an overall increase among homosexuals of just 4 percent.

Survey: AIDS No Greater Risk to Miners

54000017A Johannesburg BUSINESS DAY in English
30 Nov 89 p 11

[Text] There was no evidence to suggest miners were at greater risk of contracting AIDS than other male black workers, a Chamber of Mines survey has found.

The survey results were published in the chamber's newsletter. Figures available from other medical studies indicated the prevalence of HIV-positive persons among miners attending sexually transmitted diseases (STD) clinics at mines was lower than among blacks attending STD clinics in Johannesburg.

The survey was conducted on a sample of 429 miners from four gold mines—two in the Transvaal and two in the Free State.

The report states: "The promiscuity of black miners, so often alluded to in discussions about AIDS in SA, is not borne out by this survey. A prevalent understanding of the dangers of promiscuity in the spread of STDs and AIDS was shown in this study."

Although awareness of AIDS was high, the feeling of personal susceptibility was low. Almost 95 percent of the men interviewed had heard about AIDS, but only 20.3 percent believed they could contract the disease.

Because of the predominantly sexual transmission of AIDS, knowledge of STDs was considered important. Some 27 percent of the men had had an STD, while 7.7 percent could not remember. Single men showed double

the incidence of STDs compared with married men, while the 18-25 age group reported three times more STDs than the over-45 age group. About 36 percent of those who had had an STD were from SA townships, while 25 percent were from Transkei and 18 percent from Lesotho.

The report said it was noticeable that peer teaching was the most important source of information to the miners.

Mine media were another necessary source of information. Combining these two information channels and using individual health education messages directed at "at risk" groups (young, single, poorly-educated miners and those having most contact with women), appeared the most sensible strategy to combat the possibility of an AIDS epidemic among mineworkers.

The newsletter also carried a synopsis of a paper delivered by chamber medical adviser Dr Oluf Martiny who said another survey had identified Malawian employees as being the most seriously infected, with an incidence of 3.76 percent compared with 0.02 percent in SA employees, equivalent to 175 times more infection than SA miners.

"By 1987 the situation had escalated to 10 percent of Malawians, or 2,000 employees, testing HIV positive. By 1989, the prevalence in Malawian employees had increased to 21 percent. A most interesting finding was the discovery that 21 percent of Malawian employees had become HIV positive on testing in 1989 compared to 10 percent in 1987/88. The significance of this finding is of major importance."

The increase took place while the employees worked in SA and did not return to Malawi on leave. They were therefore not exposed to infection in Malawi during this period and most could not have been infected in SA, as the prevalence of infection in SA miners was probably less than 0.2 percent during 1987-89.

UGANDA

District Health Official On AIDS Problem

90WE0047A Helsinki HU8FVUDSTADSBLADET in
Swedish 25 Oct 89 p 22

[Article by Sture Gadd: "At Least 1 Million Ugandans In Death's Waiting Room"]

[Text] In Uganda, in the heart of Africa, at least 1 million people have been infected with the HIV virus and consequently will contract AIDS. So far there are about 8,000 registered AIDS cases, but that number is considered far too low. The authorities admit that the number of cases doubles every 6 months but base their statistics on figures that are too low.

There are no reliable statistics in a dirt-poor country that is in the process of recuperating from a devastating civil war. However, UNICEF and a number of international

organizations have cooperated in mapping the situation. In the villages out in the countryside, HUFVUDSTADS-BLADET (Hbl) is told of the tragic future prospects.

"Between 10 and 20 percent of the pregnant women we tested, are HIV-positive," says Peter Kusolo, head of the Mbale healthcare district in eastern Uganda.

"The government campaigns have made people aware that AIDS is dangerous, but they really do not know how you get AIDS and they are not sure of how to protect themselves."

Witch Doctor the Remedy

Lillian Lubega is a nurse and works for UNICEF in Kampala. She says that many Ugandans still feel that you get AIDS because some evil person has placed a hex on you. Instead of going to the hospital, people contact a quack or a medicine man, who will remove the hex through invocations, herbs, or strange injections. Even in the capital, Kampala, it is not unusual for people to spend all their money on a medicine man in an effort to escape their disease.

"It is difficult to explain to people why some are infected and some are not. Since AIDS does not consistently afflict everyone in a family, people do not believe the official explanations of how the virus is spread. Instead they ask themselves which of their neighbors is out for revenge," says Lillian Lubega.

Peter Kusolo relates that people are not eager to be tested:

"Some of them believe that you can get AIDS from the tests. That is why we are not sure of the disease situation in the villages. On the other hand, we test as many as we can at the hospital."

Truck Drivers Lived Dangerously

The HIV infection is not spread evenly throughout the entire country. It is most prevalent in Kampala and along the coast of Lake Victoria. From the beginning the infection was spread along the roads where truck drivers and other travelers left behind a network of HIV-infected people.

At this point there are so many, that it is estimated that in a few years no villages will have escaped.

In a couple of villages near the Tanzanian border the situation is catastrophic. In every family someone has died of AIDS and here and there only old women are left to try to care for the orphaned children. All the sexually active parents in the family are dead.

The children survive by cultivating bananas or other edible things in the fertile earth, while grandmother cares for the youngest as well as she can. The government in Uganda has hardly any income and consequently can do

nothing at all for the AIDS victims. The only consolation is that the climate is ideal and that is why no one is actually starving to death.

Carriers of Infection Sent Home

The few hospitals in Uganda cannot offer any help either. They concentrate on diseases that might be cured. The HIV cases and the AIDS patients are sent home and in many cases continue to spread their disease there until the symptoms become too repellent.

The government campaign has been effective in so far as most people are aware that AIDS is a major problem. The campaign emphasizes the importance of being faithful and having only one partner, of not going to medicine men, and of seeing to it that blood transfusions are only made in the hospital and that all syringes are sterile.

However, in a country where people cannot afford to spend more than at the most 50 kronor per year on healthcare, condoms are not an alternative. Since they are so expensive, relatively speaking, there is no demand and they are not easy to find.

No Birth Control

Furthermore, Pete Kusolo says that people do not know how to use condoms and that they do not like the idea of limiting the number of children. Since the largest religious group in Uganda consists of Catholics, this is not hard to understand.

At the worst, people believe that you get AIDS through the use of condoms, because the Europeans have put something evil into the condoms to make you sick.

In this situation, the government has chosen to emphasize the importance of personal discipline and fidelity.

"Never have more than one partner," is stated in one of the brochures that quite a few are able to read.

However, within the Muslim minority in Uganda, there are men with several wives. That is why, on the next page in the brochure, it is explained that even a larger family, i.e., a man and four wives, can avoid the infection. It is only a question of everyone being faithful.

Dangerous Brothers

In certain areas of Uganda, it is an accepted custom that the men sometimes visit their brother's wives at night—wives, whom they often "inherit" together with other property when their brother dies.

An active brother, who is HIV-infected, has ample time to pass on the virus to quite a few before he himself succumbs.

Before the government campaigns can change such customs, another 1 million Ugandans risk infection.

Health Official Discusses Newly Discovered AIDS Case

*OW0211012089 Beijing Television Service in Mandarin
1100 GMT 31 Oct 89*

[From "National News Hookup" program]

[Text] [Video shows a closeup shot of Cao Qing, deputy director of the Department of Health and AIDS Epidemic Prevention under the Ministry of Public Health and director of the National AIDS Prevention Group being interviewed by a reporter]

[Text] Recently the first Chinese AIDS patient was found among venereal disease [VD] patients on the Chinese mainland. Last night, our station reporter called on Cao Qing, director of the National AIDS Prevention Group in this connection.

[Begin recording]

Beijing TV: Director Cao, it has been reported that a certain hospital in Beijing Municipality has discovered an AIDS patient from the blood samples of venereal disease patients. Is that true?

Cao: Yes, that is true. The patient is male. He is a salesman working for the Beijing Municipal Nonstaple Food Store. He was seeing a doctor in the hospital who had diagnosed his illness as second-stage syphilis. The hospital checked the patient's blood for AIDS. Later it was discovered that his blood showed a positive AIDS reaction. He is the first Chinese AIDS patient found among VD patients.

Beijing TV: What measures have our AIDS prevention and public health departments taken after finding him to be an AIDS victim?

Cao: After receiving the report, the relevant departments immediately made some investigations. Since he used an alias in the hospital, we encountered difficulties in locating him, and later found that he had already gone abroad. We checked his close relatives and acquaintances for AIDS, but none of them had been infected.

Beijing TV: What is the relationship between AIDS and venereal disease?

Cao: Venereal disease is closely related to AIDS. In our country, the rate of venereal disease infection is rising sharply. AIDS infection occurs mainly in three ways. First, infection may occur by sexual contact. Second, infection may occur through blood transfusion. Third, infection may occur through birth. That is, a child may obtain AIDS from his or her mother. We found that our patient had sexual relations with many people. He also had homosexual contact with foreigners. This is the first case of AIDS infection on the Chinese mainland discovered among VD patients. It is possible that a second or third case, or even more cases, of AIDS infection will be found. Those who have been infected with AIDS may spread the disease to others. Therefore, it is a dangerous disease.

Beijing TV: How many AIDS patients are there on the Chinese mainland?

Cao: China has so far discovered 30 AIDS victims, including 25 who got the disease in other countries or regions. Twenty-four of them are foreigners while one of them is a Hong Kong compatriot. In addition, four victims in China got the AIDS virus from U.S. biological products which they had used. There are now a total of 30 AIDS patients if we add the AIDS victim we have just discovered.

HONG KONG

Concern Shown at Late AIDS Diagnosis

54004053 Hong Kong *SOUTH CHINA MORNING POST* in English 15 Nov 89 p 3

[Article by Mary Ann Benitez]

[Text] Hong Kong's first published research on its AIDS patients shows that their chance of staying alive longer was being impaired by late diagnosis.

The report, published in the latest issue of the *JOURNAL OF THE HONGKONG MEDICAL ASSOCIATION*, said: "The survival of the local AIDS patients is poor in contrast to the 49 percent one-year survival in the United States."

"This is related to the larger proportion of patients presenting at a late stage."

About 68 percent of the patients only knew they were infected shortly before the disease, acquired immune deficiency syndrome, was diagnosed.

The research by Government doctors Patrick Li and Yeoh Eng-kiong covered 22 AIDS patients up to last June. Since then, seven others have been diagnosed with AIDS.

All of the 22 patients were adults, except for one teenage haemophiliac who was infected by contaminated blood products.

The doctors said the patients survived an average of five months.

A total of 13 had died and six patients were still alive about eight months after diagnosis. Three patients had left Hong Kong.

The doctors said earlier detection of HIV infection allowed close monitoring of their immune status and earlier diagnosis and prompt treatment of "opportunistic infection."

With late diagnosis, 15 of the 22 patients had seriously-compromised their immune system, resulting in a poor survival rate of under four months.

For seven others whose HIV infection had been detected earlier, the mean survival rate was 7 1/2 months.

The drug AZT has been shown to decrease the incidence of these infections and prolong survival. Another drug, aerosolised pentamidine, is being used in Hong Kong for patients suffering from a rare type of pneumonia that affects AIDS patients.

"Hopefully, with earlier detection of HIV infection and better awareness and recognition of the manifestations of AIDS among the local medical profession, the survival of the AIDS patients may be improved," they said.

The report also estimated that 60 people would develop AIDS from 123 HIV carriers and there would be a total of 1,000 AIDS patients in the next decade.

The pattern of so-called opportunistic infections in Hong Kong has been found similar to that in the United States, with 60 percent of the AIDS cases suffering from a type of pneumonia known as pneumocystis carinii.

But tuberculosis in the local cases was rare, compared with an incidence of 20 to 60 percent among minorities in the United States, the report said.

Warning as Four New Cases of AIDS Detected

54004049 Hong Kong *SOUTH CHINA MORNING POST* in English 1 Nov 89 p 1

[Article by Mary Ann Benitez]

[Text] Four new cases of AIDS were confirmed in Hong Kong in October, the largest number detected in a single month this year.

The four cases bring the total of confirmed AIDS cases to 29, of whom 15 have already died, according to the Department of Health's surveillance up to yesterday.

The latest four are all men. Only one is Chinese.

All were infected sexually, but only two were previously known to carry HIV after testing positive to the antibody at the Government AIDS clinic.

Four newly-infected HIV carriers, including one woman, were detected last month.

This brings the number of people exposed to the virus without developing the full-blown disease to 132.

Government consultant and chairman of the AIDS scientific working group, Dr Yeoh Eng-kiong, said the four patients had been discharged from hospital after being treated.

One of them was a tourist who fell ill while in Hong Kong. He has since flown out of the territory.

The four new cases brings the number confirmed so far this year to 14, almost equal to the 14 cases detected in the past three years.

Dr Yeoh also said that Asia, including Hong Kong, should prepare itself for a change in the AIDS pattern from homosexual to heterosexual infection.

While 60 percent of AIDS cases in the United States comprised homosexuals, an increasing number, about 20 percent, were heterosexuals who were intravenous drug addicts, he said.

This was happening in Hong Kong with the recent detection of an HIV-infected local intravenous drug addict. Of the 132 carriers, 19 were heterosexual men who said they had casual contacts with women overseas and in Hong Kong.

"It highlights the point that you can get the infection sexually locally. People have got to pay attention to this problem and start taking precautions now," he said.

Dr Patrick Li Chung-ki, head of the AIDS Counselling and Education Service, said his group was preparing a pamphlet about safe sex.

He said this was prompted by a recent survey which showed that only 44 percent of those attending venereal disease clinics said they used condoms frequently.

Another survey found that many locals believed that unprotected sex with a casual partner was not risky.

"The Chinese tend to be more complacent, believing that the possibility of transmission is remote," Dr Li said.

Council on AIDS To Be Set Up Soon

54004054 Hong Kong *SOUTH CHINA MORNING POST* in English 11 Nov 89 p 2

[Article by Mary Ann Benitez]

[Text] A high-powered group will be established soon to draw up policies to prevent the spread of AIDS, the chairman of the Medical Development Advisory Committee, Dr Leong Che-hung, said yesterday.

The committee endorsed the proposal for the creation of an Advisory Council on AIDS put forward by the Department of Health.

The move came only two weeks after the Department of Health revealed four new acquired immune deficiency syndrome cases in October, the largest number diagnosed in a single month this year. This brings the total AIDS cases to 29, of whom 15 have died.

He said the administration felt that now was the time to set up an advisory council even if the incidence of AIDS was low.

"I don't think it's alarming but there is a need because at this point we don't know how to treat AIDS and therefore we need to propagate to the community the problem and the possible ways of containment and prevention," he explained.

Dr Leong said the World Health Organisation has advised member countries to form national advisory groups to develop a more coordinated strategy on the disease.

Council members would be appointed by the Governor and would come from among health professionals and various sectors of the community.

He refused to say if any representative from the homosexual community would be appointed, saying that the matter had not been discussed.

He believed such a committee would be more effective in setting policies and programs than the present system done on a piecemeal basis by expert committees.

The council's most pressing task would be to find ways to check the spread of AIDS and to educate the public so as not to catch the virus.

It could also recommend compulsory AIDS education or screening but this would depend on its terms of reference which have yet to be defined, he said.

It would have two subcommittees dealing with health education and with scientific matters. It would also incorporate the existing expert committee formed in 1985 by the Department of Health.

The expert committee has implemented a monthly surveillance program in which high-risk groups are tested for the presence of AIDS anti-bodies and also set up the AIDS Education and Counselling Clinic which doubles as a screening clinic and a public health education service.

Experts Propose Testing Pregnant Women for AIDS

54004050 Hong Kong *SOUTH CHINA MORNING POST* in English 27 Oct 89 p 3

[Article by Mary Ann Benitez]

[Text] Hong Kong's expert committee on AIDS (acquired immune deficiency syndrome) is considering testing pregnant women to determine the extent of infection in the territory in line with recommendations of the World Health Organization (WHO).

Dr Yeoh Eng-kiong, a member of the committee and chairman of the AIDS scientific working group, said the tests would be used as a public health surveillance tool and not to identify people infected with the virus.

Only a representative sample will be tested and identities will not be traced.

The testing for the presence of the AIDS antibody will not replace the voluntary screening of intravenous drug addicts, people who attend venereal disease clinics and hemophiliacs, which has been carried out since 1985.

The move was recommended at a WHO workshop on AIDS surveillance which Dr Yeoh attended as an adviser along with about 80 other public health representatives from 25 Western Pacific countries in Manila last week.

The participants in the workshop believed voluntary screening led to a "selection bias".

"So the question came up of unlinked, anonymous testing. It means that when you do the test it cannot be traced back," Dr Yeoh said.

Many countries such as the United States and Britain already carry out such testing.

Patients' consent is not needed as they are already being tested for other ailments.

In the case of pregnant women in Hong Kong, they are routinely being tested for the presence of venereal disease and hepatitis B, he said.

"After all, their blood is being taken for other purposes and you're just taking the excess of the blood to test for HIV," he said.

The problem with unlinked testing is that no follow-up of those found positive could be made which could defeat the public health program, he said.

Voluntary screening of high-risk groups should go side by side with this anonymous testing.

Dr Yeoh said it was thought that the procedure would be more useful if homosexuals were tested, but this would be difficult to do in Hong Kong.

"The difficulty is finding those populations. In Hong Kong we don't have clinics dealing with homosexuals where we can do this testing.

"So the only other thing we might consider is unlinked anonymous testing in antenatal clinics because that would give you a baseline as to how many pregnant women may be infected and whether we may expect any infections among children," he said.

Once the baseline has been established, Dr Yeoh said the Government could monitor the infection rate by repeating the testing each year.

Hong Kong has so far detected 133 people infected with HIV and 25 who developed the full-blown AIDS.

Latest WHO figures show that a total of 435 AIDS cases have been detected in Asia, and there has been concern of its further spread if governments do not carry out proper health education and surveillance.

THAILAND

Senior Army Medical Officers Discuss AIDS

Arun on Mandatory Testing

90WE0058A Bangkok SIAM RAT in Thai
7 Nov 89 pp 1, 3

[Excerpt] [Passage omitted] In a speech before the Press Association of Thailand, which was presented at Television Channel 11 on the evening of 6 November, Maj Gen Arun Chaowanasai, an advisor to the Medical Department, talked about "AIDS and Social Problems." He said that the first case of AIDS was discovered at the end of 1987. The King Monkut Hospital began testing people for AIDS in February 1988. Studies were initiated, and the number of patients increased continually. The first thing that was done was to educate people and ask people with AIDS to cooperate by informing their doctors and dentists that they had AIDS. But not everyone did this.

As for the second project, the advisor to the Medical Department said that most of the AIDS patients at the King Monkut Hospital are drug addicts. Twenty-five patients have been given psychological tests. These tests have shown that the behavior of these people is very different from other people. That is, all of these people are very frightened, and many have become depressed and blame themselves. Many have thought about killing themselves, and some have actually done so. These people must be dealt with carefully. Some have denied that they have the AIDS virus and said that they will continue to shoot drugs with others and visit prostitutes without taking preventive measures. This group refuses to believe that they have AIDS.

"The most important group that we identified in our study was this group. They want to take revenge and are intentionally acting in ways that will harm others," said Maj Gen Arun. He added that they "want to spread the disease. They visit prostitutes without taking preventive measures. They think that because they have the disease, others should have the disease, too. They are trying to take revenge. In treating them, we must try to change their behavior and persuade them to cooperate with us."

Maj Gen Arun said that the army has established a center to provide advice to those with the virus. Meetings are held with their families. This project will have to be carried on for a long time, because the number of people with first-stage AIDS continues to increase. Many of these people are still on active duty. The next project is to make testing mandatory for every army official. The army has to have healthy people who can carry out their duties effectively. The army must be free of people with AIDS, because in time of war, people have to donate blood on the battlefield. If a soldier at the battlefield has AIDS, this disease will spread.

Maj Gen Arun said that servicemen will be tested in such a way that people will not know who has been tested or who has the AIDS virus. After the AIDS carriers have been identified, senior commanders who can be trusted will be informed. They will be advised to take preventive measures. This is feasible, because this is the army. The final project is to build a center to take care of those who are in the final stages of the disease.

"This will be a small unit that will take care of AIDS patients who are seriously ill. Our objective is to make them as comfortable as possible and enable them to die in peace. The people in this unit will all be volunteers," said the advisor to the Medical Department. [passage omitted]

Panya on Budgetary Considerations

90WE0058B Bangkok NAEON in Thai
26 Oct 89 pp 1, 20

[Excerpt] [Passage omitted] In an interview on 25 October, acting Maj Gen Panya Yuprasoet, the director of the Medical Department, talked about controlling AIDS. He said that it probably won't be possible to do

blood tests on all servicemen, because that would be very expensive and it would have psychological effects. Thus, tests are now being done on a random basis in order to determine which groups are at risk of contracting this disease. This will allow us to conduct analyses and focus on the right points.

The director of the Medical Department said that the army will take care of those found to have this disease. It will not discharge them. As for draftees who have completed their 2-year tour of duty, the army will coordinate things with the Ministry of Public Health in looking after them. The army will take steps to ensure that these people are not discriminated against. They will be treated like everyone else and encouraged to feel that they will live for many more years. Because people who test positive for the AIDS virus do not always come down with the disease, doctors will not reveal this information and will tell only the individual and his commander so that he can conduct himself appropriately.

Acting Maj Gen Panya stressed that an effort will be made to educate soldiers in every unit so that they can protect themselves. The most important thing is that men in our society have to know what types of behavior put them at risk of contracting such diseases so that they can protect themselves and their families. Soldiers should take more responsibility for themselves so that the army doesn't have to control things. Because once it is known that a person has AIDS, this will have social and psychological effects. It will affect his family and friends, who may not want to be around him.

Acting Maj Gen Panya said that he is opposed to testing senior officers for similar reasons. He added that he is opposed to establishing an AIDS colony because of the cost involved. The economic situation is different from before. An example is the leper colony, which is now of little use but which is damaging socially and psychologically. If those with the AIDS virus have considered things carefully, they probably won't do anything to harm society or spread the disease. They must accept their situation. We will try to bolster their morale and help them live an ordinary life. [passage omitted]

Budget Provided for Testing

90WE0058C Bangkok MATICHON in Thai
18 Oct 89 pp 1, 24

[Excerpt] [Passage omitted] Lt Gen Singha Saowaphap, the former director of the Medical Department, said that the men in the 1st Royal Guards Infantry Regiment were tested for AIDS, and two men were found to have the AIDS virus. The results of the testing done at the Chulachomklao Royal Military Academy aren't yet known. Men in other units will not be tested until the RTA CINC gives the order. Besides this, the RTA CINC has been informed that senior officers should be tested for AIDS, too. This will be done on a voluntary basis. However, the RTA CINC has not yet approved this. He

has approved budget funds to procure AIDS testing solutions for use in the army. [passage omitted]

Supreme Command Officer Comments

90WE0058D Bangkok SIAM RAT in Thai
18 Oct 89 pp 1, 2

[Excerpt] [Passage omitted] In an interview after the ceremony to turn over his position as director of the Medical Department to Maj Gen Panya Yuprasoet, Lt Gen Singha Saowaphap, an officer attached to Supreme Command Headquarters, said that even though he is turning over this position to another person, he will continue to carry out special duties assigned by the RTA CINC, that is, he will continue to fight AIDS in military units. He will coordinate things closely with the director of the Medical Department. He has also been asked to serve as the army's representative in coordinating things with the Ministry of Public Health in fighting AIDS.

Lt Gen Singha said that during the yearly physical examination given to noncommissioned officers and officers, they should also be tested for AIDS. This should be done on a voluntary basis. But the RTA CINC has not yet approved this. The actions taken by the army to fight AIDS have achieved good results. Soldiers are aware of the danger and have voluntarily taken steps to protect themselves. Gen Chawalit Yongchaiyut, the RTA CINC and acting supreme commander, has approved budget funds to procure AIDS testing solutions so that privates throughout the country can be tested. Every private will be tested.

VIETNAM

AIDS Prevention, Control Campaign Reported

BK3011061189 Hanoi International Service in English
1000 GMT 29 Nov 89

[Text] The English section of the Voice of Vietnam has continually received letters from listeners asking the same questions: Is there AIDS in Vietnam? Is there a national AIDS committee in Vietnam and what measures have been taken so far in the struggle against this deadly disease? Some even go further asking what groups have the greatest potential to introduce AIDS to Vietnam and so on.

We have actually dealt with some questions raised by our listeners in some of our Sunday shows broadcast over the year. Today, we would like to take this opportunity to gather all questions put to us and to give answers in an effort to provide our audience with a clear picture of AIDS in Vietnam.

So far, no case of AIDS has been reported in Vietnam. This has been confirmed following antibody tests to screen for HIV infections from over 6,500 people belonging to high-risk groups in the four major cities in Vietnam: Hanoi, Haiphong, Danang, and Ho Chi Minh City. These people include AIDS suspects—VD patients,

drug users, prostitutes, blood donors and recipients, sailors, repatriated refugees, prisoners, patients of liver cancer, and MPC.

Faced with an epidemic of AIDS on the world scale, the Health Ministry of Vietnam decided to set up the National AIDS Committee in June 1987 headed by Professor Hoang Thuy Nguyen. To answer your questions on what has been done so far by this committee, we invited Professor Hoang Thuy Nguyen to our studio to talk with you. Here is what he said:

[Begin recording in Vietnamese fading into English translation] In this connection, the Vietnam National AIDS Committee has carried out the following measures:

- Set up in Hanoi in April last year a standard national laboratory to screen for HIV infections with assistance from the Pasteur Paris Institute. In April this year, the committee set up a similar laboratory in Ho Chi Minh City to service southern provinces. They organized training courses for scientific workers in Hanoi, Haiphong, and Ho Chi Minh City to diagnose HIV.
- Coordinated with the mass media to provide people with basic knowledge about AIDS and preventive measures;

- Cooperated with specialists of WHO global AIDS program to set up a short-term plan for the prevention and control of AIDS in Vietnam from mid-1989 to mid-1990; and

- Joined efforts with WHO to organize two national workshops on the prevention and control of AIDS.

From now to the end of the year, they continue to organize three city workshops for Hanoi, Danang, and Ho Chi Minh City“ [end recording]

According to Professor Nguyen, the introduction of AIDS into Vietnam could be a reality in the future. So right now, preventive measures must be taken and health education is the best alternative, particularly for the high-risk people such as foreigners in Vietnam or Vietnamese back from abroad. The growing numbers of prostitutes and drug users are also potential sources of HIV infections.

World AIDS Day, 1 December 1989, is dedicated to the world's youth, so he said: The Vietnam Ho Chi Minh Communist Youth Union should be assigned with the task of being in the vanguard of the struggle against the killer AIDS.

CUBA

Danish Journalist Visits AIDS Sanatorium

90EM0042A Copenhagen LAND OG FOLK in Danish
28 Oct 89 p 4

[Article by Trine Jacobsen: "AIDS in Cuba"; first paragraph is LAND OG FOLK introduction]

[Text] LAND OG FOLK's correspondent in Havana is the second Western journalist who has gotten permission to visit a Cuban AIDS sanatorium.)

AIDS? "That is something that is foreign to Cuba."

That is the usual view among Cubans, but the situation seems different to the more than 300 individuals registered as HIV-positive in Cuba. They are all interned in Cuba's two AIDS sanatoriums. Cuba has satisfied all of the WHO's requirements in the fight against AIDS and has added two requirements of its own that are being vigorously discussed internationally: a general check of the population and mandatory isolation.

The Los Cocos sanatorium appears among sugar plantations and mango groves about 20 km outside of Havana. Originally it was two rich families' luxurious residences; it became a recreation center later, and in April 1986 the whole thing was fenced in, a guard was put at the gate, and Cuba's first AIDS sanatorium was dedicated 2 months after the first AIDS case was confirmed.

Not Discussed

"The government's decision to isolate all AIDS patients was not subjected to public discussion. Hardly any information was given to the people. The whole thing happened with lightning speed in an attempt to halt the spread of the disease," says Jorge Perez, the director of Los Cocos.

In September 1989, Cuba had registered 333 HIV-positive individuals; 63 of them have the disease, and 17 have died (including one woman). Living in Los Cocos are 289 of them.

"The first test is performed with test material produced in Cuba. To avoid mistakes, all individuals who have an HIV-positive reaction are also checked with foreign test material," says Hector Terry, the Assistant Minister of Public Health for Health and Epidemiology. "If a test is questionable, it is repeated every 3 months for a year before the step of moving the patient to the sanatorium is taken," he adds.

"I refused to believe it when a representative of the health authorities came to our residence and said that I was HIV-positive," says Antonio, who has lived in Los Cocos for 2 years. He is a bleeder, and is among the 1.7 percent of the patients who were infected by means of blood transfusions before Cuba began to check all donated blood in 1986. The rest of the patients were infected by means of sexual contact in—and especially

outside of—Cuba. Furthermore, a 2-year-old girl who was born with AIDS is living there with her parents, both of whom have the disease.

Antonio says, "They told me about the sanatorium and asked how much time I would need to put family matters and social relationships in order. I said, 'a week,' but the thing seemed totally unreal to me. My wife, who was not smitten with the disease, helped me a lot. She followed me to Los Cocos. I did not want to come here, but I was just forced to do so."

Prolongs Their Lives

It is not hard to climb over the fence, which is as tall as a man, but those who have done so have been brought back again.

"When the symptoms begin, their negative attitudes are changed because they realize then that the treatment the sanatorium provides prolongs their lives," Perez says. "We get the appropriations we need from the government—even appropriations for the purchase of medicine abroad. Furthermore, we have had good experiences with Cuba's own preparations."

A hand-picked team of doctors, psychologists, psychiatrists, and social workers is constantly available to the patients. Obtaining medical treatment is a voluntary matter, but it is apparent that everybody is interested in as much supervision by physicians as possible "until a vaccine is contrived"—a thing for which many expressed a hope.

Patients with AIDS are treated in the sanatorium's little hospital. Today there is only one patient, a 43-year-old homosexual. He is one of the "older" patients here in the sanatorium, where the majority of the patients are between 20 and 35 years old. He is very ill and his wasted body hardly raises the bedspread at all. When he catches sight of the director, he snaps, "I am tired of ham and other meats. Tell that cow there," he says, and points at the nurse, "to get me a pizza or something else that's normal."

"He is in the fourth stage. In the fifth stage, the patients are moved to the hospital for tropical diseases, where there are better facilities for treatment and alleviation of pain. Furthermore, that is done to spare the other patients psychologically," Perez says.

Patient Houses

We visit many of the patient houses, which are scattered among the mango and avocado trees. Two people live in each house. Each house contains a kitchen, a toilet, a living room, and a bedroom and each has a refrigerator, color television, and air conditioning. The residents try to live as "normally" as possible everywhere. They are happy to invite people in, and they talk freely about their life, but they do not want to be photographed.

Lily is scrubbing the floor when we arrive. Some 27 percent of the patients are women, almost all of whom

were infected by their husbands, who brought the disease home with them from trips to foreign countries. Lily is no exception. While picking avocados for breakfast, she says that she is the leader of the "neighbors' organization" (a patient organization) that is concerned with disciplinary problems, complaints, requests for trips by patients, etc. Her husband, who also is a patient, is a doctor and also works here in Los Cocos as an assistant physician.

Many mechanics, nurses, and others continue working, but now they do it in the sanatorium. All patients receive their pay as they did formerly. Those who did not have jobs get 110 pesos a month. Foodstuffs and medicine are free. Some 28 married couples live here; 17 of them were married in the sanatorium.

Pregnant Women with AIDS

"We have two pregnant women. We recommend abortion, but we have no authority to compel anyone to have an abortion," Perez says. "Some 38 percent of the patients are homosexuals. They even pair off and live together, but we don't interfere."

However, Antonio is able to say that there are many men among the patients in the sanatorium who do not want to be regarded as homosexuals. At the same time, he states emphatically that there is a good feeling of unity although party members, former convicts, housewives, soldiers who have fought in Angola, journalists, and others are there. "AIDS hits all social groups in Cuba," Perez says.

The sanatorium is open every day for visits by family members. All patients from the province of Havana go home every Sunday. Those who come from the other provinces go home for four days out of every 45 days. The rule is that only married couples can leave the sanatorium without being accompanied by one of the sanatorium's employees "to prevent sexual contact with strangers."

"If the patient has a partner, we inform him or her of the risk involved in sexual intercourse and recommend the use of contraceptives in any case. But we do not go into the bedroom with them. The patients whom we are considering, together with the patients' organization, are conscious of their responsibility for their own health and that of others, and they only go home every Saturday and Sunday," Perez says, and he adds that their relationships with their families are not always free of problems.

Many get divorced when the wife has to accept both infidelity and the disease. But generally the family supports the patient once they have overcome their prejudices. "I have seen brothers who shrank from embracing their sick brothers out of fear of getting infected, and I have seen relatives who unobtrusively wiped off the chairs when they sat down. At the beginning it was also hard to get entertainers to come out here and perform, but that changed entirely after the first ones had been here."

Perez, who has only been the director for 3 months, emphasizes the fact that the sanatorium is not the way it was in 1986. "We know more about AIDS now. The population is better informed. Therefore the system for treating AIDS should not be viewed exclusively as a statistical phenomenon. We send people home now without escorts. The next step that has been discussed is to let the patients keep their jobs and to let people live at home in certain cases. The most important thing is to have a patient treatment method as accurately suited to the individual as possible," he says.

Criticism of Cuba

Assistant Minister of Public Health Terry admits that there is much criticism of the Cuban model program internationally.

"Isolating people smitten with AIDS is not an ideal solution, but if a stop is to be put to the disease I do not see any alternative. Cuba is one of the few countries where the disease has not spread proportionally, and where the percentage of HIV-positive individuals has been reduced. In 1986, it was 0.016 percent and in 1988 it was 0.005 percent. Time will tell whether the Cuban strategy is correct or not."

In spite of the Catholic Church's disapproving attitude, Cuba has carried out a quite extensive educational campaign regarding AIDS with question-and-answer programs on television and instruction in the highest primary-school grades, in the secondary schools and the universities. Posters hang in workplaces and polyclinics that state specifically that AIDS is not transmitted by toilet seats, mosquitoes, handshaking, etc. On the dangerous side is sex with varying partners without contraceptives and sex with foreigners.

In Cuba, where machismo makes homosexuality extremely unpopular, the authorities' campaign has not concentrated on male homosexuals as a source of AIDS. The chief danger is foreigners, and especially tourists.

A male tourist guide said to me, "Previously, one might be tempted, but now I might have bad luck with a foreigner, and I will stick with the Cuban girls, and consequently with my wife."

Obligatory Tests

"Today the population is better informed, but that has not changed people's habits pronouncedly. Sales of contraceptives are increasing too slowly. The young people, especially, believe that they are immortal, although they are the ones who have the most sexual relations. But the interest we observed in TV programs, particularly, makes me feel optimistic," Terry says.

Furthermore, the Cuban fight against AIDS will call for an extensive, voluntary and obligatory testing of the population. On 1 September 1989, 5,000,000 AIDS tests were performed, with the discovery of 333 HIV-positive individuals as a result.

AIDS tests are given automatically to everybody who is found to have a venereal disease. AIDS is covered by the law on venereal diseases, which requires the infected to give the names of their sex partners.

Furthermore, all pregnant women, all people who are hospitalized, all convicts, everybody who works in the ports, for airlines and travel agencies and all seamen are checked. Furthermore, all soldiers, students, social workers, etc., who have lived abroad are checked before they come home. On 1 July 1989, it was decided to intensify the control by checking all Cubans, such as entertainers and politicians, who have been out of the country. They are trying to get the rest of the population to allow themselves to be checked voluntarily, through the CDR [expansion unknown] committees (a kind of residents' organization). Under the slogan "AIDS is still incurable, but not unavoidable," the CDR committees are to carry out their biggest health job to date: getting the entire population checked and getting contraceptives down off of the pharmacies' shelves.

DOMINICAN REPUBLIC

Health Minister Cites AIDS Increase

90WE0002 Santo Domingo LISTIN DIARIO in Spanish 7 Sep 89 p 15

[Text] Yesterday the public health secretary and the director of the Program for Sexually Transmittable Diseases (PROCETS) reported that AIDS is still increasing at a fast pace, and that over 200 persons in the country have died from the disease.

Speaking at a press conference, the two officials explained that approximately 30,000-60,000 Dominicans are infected with the AIDS virus.

Drs Rafael Gautreau and Ernesto Guerrero pointed out that it is difficult to obtain exact figures on the mortality rate from Acquired Immunodeficiency Syndrome (AIDS) because many individuals are dying in their homes.

They claimed that the vast majority of patients succumbing to AIDS in their homes are not reported to the authorized agencies.

Dr Guerrero remarked: "It is unfortunate that many persons are still engaging in sexual promiscuity, which unquestionably contributes to a heightening of the risk of contracting AIDS, a disease that is causing devastation among the Dominican populace."

The official noted that the average life expectancy of an individual in whom AIDS symptoms have been detected is about 1 year. He observed: "We are living in an era in which it has become essential for very strict matrimonial fidelity to be maintained."

The PROCETS director announced that this agency is planning a drive for AIDS prevention through the media, to be entitled: "Do you know everything about AIDS...or just half?"

He remarked that the Public Health Secretariat had installed a new telephone number which concerned individuals may call to request any type of information regarding AIDS, pointing out that it had received the cooperation of the Dominican Telephone Company (CODETEL) for this purpose.

Dr Guerrero commented: "We have telephone numbers 541-4400 and 1-200-1170 at our disposal, at which a team of professionals consisting of physicians, educators, and psychologists can provide all the information sought about AIDS by persons requesting it."

He stressed: "Of the 30,000-60,000 persons currently afflicted by the AIDS virus, a sizable percentage could have remained healthy if they had followed the advice offered since 1983, free of charge, by the Program for Sexually Transmittable Diseases."

The official emphasized that, before engaging in the sexual act, individuals should take precautionary measures, such as the use of condoms, or be certain that their partners are not suffering from the AIDS virus.

HONDURAS

Reportage on AIDS Cases

374 Victims

90WE0022 Tegucigalpa LA TRIBUNA in Spanish 3 Oct 89 p 48

[Text] The number of confirmed cases of Acquired Immune Deficiency Syndrome (AIDS) has reached 374, the president of the AIDS Campaign and Supervisory Commission, Enrique Zelaya, has announced.

This official said that with the confirmation of 15 new cases, the figure now comes to 374, with the previous categories remaining the same. Patients between 15 and 49 years of age account for 92 percent of the total, while the others are individuals over 50.

Zelaya said that 70 percent of the new patients are male, and the balance female, and he added that in general terms, 62 percent of those infected are men, and the rest are women.

He added that as to location, San Pedro Sula has about 39 percent of the cases and El Progreso and La Ceiba 4.5 percent, while the remainder is distributed among the other departments in the country.

He said in conclusion that of the 374 confirmed cases of AIDS, 182 of those infected with this 20th. century disease have died. The commission is now following only 67 cases, since the rest of the patients have disappeared.

'Alarming' Local Increase

90WE0022 Tegucigalpa LA TRIBUNA in Spanish
3 Oct 89 p 48

[Text] In recent months, the number of cases of AIDS in this city has increased alarmingly, according to reports. The data provided by the Department of Epidemiology in Health Region No 4 indicate that there are 14 infected individuals.

It has been determined that four of the patients are individuals who are apparently healthy and are currently leading normal lives, but are the principal agents of transmission.

This has made it necessary to organize to prevent the advance of AIDS.

Recently, the Choluteca City Interinstitutional Committee for Combating AIDS was established. It is made up of state, private, and military institutions, as well as other active groups, with Mayor Pedro Montanola as its coordinator.

At a meeting held at the premises of the 101st Military Brigade, Dr Soriano Pizzaty gave a clear explanation about the proven cases of AIDS. He said that for every known case, there are another 100 infected persons.

MEXICO**National, State Aspects of AIDS Cases****3,116 Cases Nationwide**

90WE0050A Mexico City EXCELSIOR in Spanish
4 Nov 89 pp 5-A, 38-A

[Report by Miguel Barba Cardenas]

[Text] As of 1 October of this year 3,116 cases of AIDS have been reported; 179 are new cases that were reported in August, and most of them are patients who began having symptoms in the second half of 1987 and the first half of 1988. This was revealed by the Health Secretariat in a nationwide survey.

The secretariat reports that the General Directorate of Epidemiology is currently conducting a complete review of AIDS cases and to this end is visiting the various states and comparing the data in state files with its own. The purpose of all this is to reduce to a minimum the underreporting of AIDS cases.

The secretariat indicates that the states with the highest rates are the Federal District, Jalisco, Morelos, Yucatan, Colima, and Coahuila. Sexual transmission is the predominant mode in most states, except in Hidalgo, where the disease is found mainly in bisexual and homosexual men. [as published] In Baja California and Veracruz, in contrast, the transmission rate of this group is 1.2 times higher than the national average.

The Health Secretariat adds in its report that as far as heterosexual transmission is concerned, the states of Mexico and Puebla are in the lead, as the proportion of heterosexual cases there is 1.8 times the national average. As for cases among intravenous drug users, 54.4 percent of the total have been reported by Jalisco.

The secretariat added that the 39 cases associated with perinatal transmission have been reported by 11 states; the Federal District, Jalisco, and the State of Mexico account for 61.5 percent of them.

It also revealed that 390 cases of AIDS have been reported among women, accounting for 12.5 percent of the total. The ratio of men to women with AIDS now stands at 7 to 1, and among both sexes the hardest hit age group is 25 to 44.

The highest risk group is men between the ages of 25 and 44, with 1.9 cases per 10,000; this represents a risk 2.8 times greater than for the total male population. The risk for women is one-seventh as great as for men, the rate being 0.1 per 10,000.

As for the reporting institutions, the IMSS [Mexican Social Security Institute] has reported 42.7 percent of the cases (1,330); the SSA [Secretariat of Health and Assistance], 34.3 percent (1,070); the ISSSTE [Institute of Social Security and Services for Government Workers], 10.9 percent (341), and other institutions, 12 percent (375).

In conclusion, the Health Secretariat reported that as for the current condition of the patients, 61.7 percent (1,922 cases) are still alive and 34.2 percent (1,066) have died. The current condition of the remaining 128 sufferers is not known.

Mexico, Queretaro State Data

90WE0050B Mexico City EXCELSIOR in Spanish
10 Nov 89 STATES section p 3

[Report by J. Antonio G. Huicoechea]

[Text] Of the 330 cases of AIDS that have been detected in this state since 1985, 79 are in Nezahualcoyotl, 53 in Toluca, 46 in Tlalnepantla, and the rest in other communities, the director of the AIDS Prevention and Control Committee here, Maria del Carmen Gutierrez, reported today, adding that 158 of the patients have died.

Of the total number of patients with the syndrome, she indicated, 42 belong to the so-called serum-positive group. Even though they may not show symptoms of the disease, they have been infected and have the virus in their bodies.

She emphasized that the figures for AIDS in this state are not all that alarming. She felt, however, that "a greater awareness had to be created among the citizenry about how to avoid infection."

To this end, she noted, specialized personnel in six subcommittees are explaining to the rural community the ways that the infection can be contracted and are warning them about the use of syringes.

The AIDS cases were reported to the various medical centers in the state; 54 percent were reported to the Health Institute and the rest to the IMSS [Mexican Social Security Institute], ISSSTE [Institute of Social Security and Services for Government Workers], and ISSEMYN [expansion unknown], she added.

Meanwhile, of the 12 AIDS cases detected in Queretaro this year, 4 have died, including 1 woman, the director of the Homeotherapy Center in this state, Maria de la Luz Obregon Medina, reported, adding that the patients with the disease are from the capital, Chiapas, and the northern border.

The disease is not a serious problem in Queretaro, because the sufferers "are imported" from other cities. Nevertheless, an epidemiological survey is being conducted among those who were in contact with the AIDS sufferers to see whether they have contracted the disease.

Obregon Medina reported that the only woman who has died of AIDS received a blood transfusion in the Guajalajara city of Celaya, where she probably contracted the disease.

Blood Bank Threat Cited

90WE0050C Mexico City *EXCELSIOR* in Spanish
11 Nov 89 *STATES* section pp 1, 4

[Report by Eduardo Chimely]

[Text] The state secretary of health, Palemon Rodriguez Gomez, has warned that clandestine blood banks are operating in this state and must be uncovered, because "the epidemiological outlook for the transmission of AIDS through transfusions is worrisome."

He went on to say that there are 14 new cases of AIDS in Jalisco precisely because of blood transfusions, which were apparently done in 1988.

As a result of this situation, he said, all plasma banks are obliged to report any case and also conduct laboratory tests, because otherwise the families of those contracting the disease can take legal action against these centers.

The clandestine blood banks have to be uncovered, he added, "but the responsibility does not lie solely with the Health Secretariat; it also rests with all hospitals, clinics, and other responsible institutions, such as the officially recognized blood banks."

The 14 new AIDS patients, who are beginning to develop the disease, received contaminated blood in 1988, and the appropriate investigations are now under way, the secretary asserted.

For his part, the technical secretary of the State Council for AIDS Control, David Diaz Santana, indicated that these 14 new cases bring to 137 the total number of infections caused by carelessly done blood transfusions in this state.

The sale of blood is banned, he recalled, as a preventive measure against AIDS, adding that since January 1988 402 cases have been detected, plus the 14 new ones due to transfusions, 4 of them being underage children.

The ban has led to a decrease in the incidence of AIDS, but the clandestine blood banks must still be closed down, he said in conclusion.

Veracruz Statistics

90WE0050D Mexico City *EXCELSIOR* in Spanish
14 Nov 89 *STATES* section pp 1, 3

[Report by Gustavo Cadena Mathey]

[Text] During the past month 30 new cases of AIDS have been detected in this state, bringing to 321 the number of people with this disease, 66 of whom have died, the chief of Coordinated Public Health Services, Jose Rodriguez Dominguez, reported today.

So far this year, he added, the number of AIDS cases is up 53.9 percent.

Of the 321 cases, 152 already have the disease; 169 are carriers of the virus and have not yet shown the first symptoms, but are infecting their partners, and the remaining 66 have died, he indicated.

The number of cases of the disease, which was discovered 4 years ago in this state, is doubling annually. This year 82 have been detected, which is 53.9 percent of the total number, he noted.

The main mode of transmission, the official noted, was homosexual, accounting for 60 cases, with bisexual and heterosexual accounting for 30 cases each.

He also said that the number of carriers of the virus is increasing by the day and now stands at 169 as of the end of October; 20 of them live in the Health Jurisdiction of Poza Rica, 95 in the port of Veracruz, and 13 in Cosamaloapan, among other cities, he added.

Nationwide, he went on to say, the states with the highest rates are the Federal District, with 93.5 cases per 100,000 inhabitants; Jalisco with 82.2, and Colima with 60.2.

As for the breakdown by occupation, public service workers top the list with 238 cases; administrative employees are second with 191, followed by professionals with 112, education workers with 112, and housewives with 102.

These are the five most common occupations among the 3,116 AIDS cases that have been detected and studied nationwide, Rodriguez Dominguez stated.

INDIA

WHO Official: AIDS Epidemic Worsening

54500036 Madras *THE HINDU* in English
1 Dec 89 p 3

[Article: "AIDS Epidemic Has Worsened"]

[Text] December 1 is the World AIDS Day and in a statement to mark the occasion, Dr. U Ko Ko, Regional Director of the South-East Asia Region (SEAR) of the World Health Organisation (WHO), said "since the first World AIDS Day was observed last year, the epidemic has worsened in all regions of the world".

Though many countries in the SEAR are still free from the infection of the Human Immuno Deficiency Virus (HIV) and the Acquired Immuno Deficiency Syndrome (AIDS) disease, it is a matter of serious concern in a couple of countries of the region, he added. The statement was read out at the World AIDS Day meeting held at the Regional WHO Office here today.

As of October 1, 1989, over 180,000 cases of AIDS have been officially reported to the WHO from over 150 countries. The WHO estimate on the actual number of AIDS cases to date, allowing a factor for unreported cases, is about 600,000, with between 5 and 10 million infected with the HIV. About half of these infections are among people under 30. For this reason, the focus of this year's World AIDS Day is on youth—"for young people run greater risks of getting infected and yet they can play a vital role in helping to stop AIDS from spreading," was Dr. U Ko Ko's message.

Infection patterns: Speaking specifically on the situation in the South-East Asian Region, Dr. N. K. Shah of the WHO said that, as of October 31, 1989, the total number of AIDS cases in the region had risen to 76 from 11 countries. However, five countries had not reported any cases of HIV infection or AIDS disease. The two countries which had the largest number of cases in the region were India and Thailand but the patterns of infection and disease prevalence were drastically different in the two—in the former it is the intravenous drug users while in the latter the sexually promiscuous and blood donors who constitute the high risk groups.

Giving information on the Indian picture Dr. Shiv Lal of the Ministry of Health said that the HIV seropositivity rate (per thousand) had increased from a value of 3.8 in January 1989 to 4.5. Of a total of 379,470 persons screened for HIV infection from high risk groups at the 41 serosurveillance centres approved by the ICMR (since 1985 when the national surveillance programme began), 1,784 had been found to be positive.

This, it must be observed, marks a stepped up screening programme because since June 1989 as many as 134,659 additional persons have been screened giving an additional 864 HIV positives. This itself could be reason for

the noticeable jump in the seropositivity rate. The total number of AIDS cases now reads 40, which is 11 more than what had been reported earlier. Of this 28 are Indians and 12 foreigners, which means 10 more indigenous AIDS cases since June. Among the 28 Indian cases 21 are males.

Increased surveillance: What is prominent in the data of HIV positives is that the prevalence is highest among the heterosexually promiscuous and blood donors. The former account for 932 (of which 568 are females) and the latter for 401 (of which 386 are males) and this is indicative of female prostitutes and professional blood donors being the worrisome high risk groups in the country. The numbers also show an increased surveillance in blood collection centres which had been initiated early this year.

There is also an increase in the number of HIV positive blood and blood product recipients in the last six months by 25. The current figure is 44. In this context it may be pointed out here that none of the nine indigenous blood product manufacturers, who had been asked by the Drug Controller of India to suspend operations till the companies instituted mechanisms to adhere to the Health Ministry Regulations with regard to manufacturing practices, has resumed operations. It is learnt that, so far, only one company has imported a certain virucidal technique approved by the Ministry and this unit should commence operations soon.

At present the blood product requirements are being met through imports with testing facilities established to screen the imported products for HIV. Similarly screening of every unit of blood collected in the 720 blood banks is also being initiated, although the process has been rather tardy given the logistical problems, with a network of 28 zonal centres linked to the four nodal centres in Pune, Vellore, New Delhi and Delhi.

Lower rate: The seropositivity rate in India, it should be remembered, reflects the prevalence in the high risk groups and not the general population. This rate is much lower compared to levels in the Western world and therefore offers a distinct possibility of control and prevention through a well laid out strategy of surveillance, epidemiology, counseling, medicare and information dissemination and education.

Statistics on AIDS in Karnataka Discussed

54500027 Bombay *THE TIMES OF INDIA* in English
27 Oct 89 p 11

[Text] Three persons diagnosed to be positive cases of the acquired immune deficiency syndrome (AIDS) in Karnataka have so far eluded all government efforts to trace them.

Of them, one is a foreigner from Sharjah, another who hails from Tamil Nadu suffers from a venereal disease and the third is a professional blood donor, according to the director of medical education, Dr Rajeeva Shetty.

Speaking to reporters at a workshop on AIDS sponsored by the World Health Organisation (WHO) and the Bangalore medical college here. Dr Shetty said that the three had not turned up at the AIDS surveillance centres after they were diagnosed and all efforts were being made to find them.

So far 20 positive cases of AIDS had been found in Karnataka, among them 9 were professional blood donors, 5 were prostitutes, 3 were persons suffering from sexually transmitted diseases, 2 were foreigners and 1 was a voluntary blood donor. Interestingly, not one of the 20 drug addicts examined had the disease. Altogether 2,467 persons suffering from sexually transmitted diseases were examined in Karnataka for AIDS between 1987 and 1989, 10,287 professional blood donors and 1,287 foreigners were examined during the same period for AIDS, Dr Shetty revealed.

Only 5 homosexuals have been examined for the disease. Voluntary blood donors, numbering 4,813 have been examined only in 1989, and not during the previous years.

Under a "miscellaneous" heading, 361 persons have been tested for the disease so far.

Dr Shetty said that steps were being taken to equip the 7 AIDS surveillance centres in Karnataka with the necessary staff and equipment. The Indian Council for Medical Research (ICMR) has found that two types of kits were suitable for conducting the AIDS diagnostic tests. Karnataka hopes to acquire the kits once the government of India began manufacturing them.

The medium term plan for AIDS surveillance and control in Karnataka costing about Rs 75 lakhs, which had been submitted to the Union government for its approval in January this year, has still not been approved, he revealed.

A sum of Rs 1 lakh has been allocated by the state government for the AIDS programme and it was proposed to sanction two posts of lab technicians for the AIDS surveillance centres.

Dr Shetty pointed out that a committee headed by the health secretary has been set up in the state to advise the government.

Karnataka has 19 district level AIDS committees, headed by the district surgeon.

ISRAEL

First AIDS Case Reported Among Israeli Arabs

54004501A Tel Aviv YEDI'OT AHARONOT in Hebrew
5 Sep 89 p 12

[Article by Dvora Namir: "First Case of AIDS in the Arab Sector"]

[Text] AIDS antibodies were found in a young Arab woman, age 28, who gave birth to a baby girl at Poria

Hospital. This is the first case of AIDS reported among Israeli Arabs.

The woman, who comes from one of the villages in Emeq Yizre'el, did not know she was infected. After the birth, she told the physicians that her husband has AIDS. "He contracted it several years ago after receiving blood transfusions from the United States. Only later was it discovered that the blood was contaminated with the virus," she explained.

Immediately after the birth, the doctors began testing the infant to see if it was carrying the antibodies. Infants are infected through the bloodstream in the mother's womb. The results of the tests done on the infant will arrive at the hospital today.

Until now, two babies in Israel have been born carrying the AIDS virus. One, the daughter of a drug addict, has the disease. The other is a boy whose mother got the virus from her husband who is a hemophiliac. The mother and baby girl have returned to their home.

AIDS Cases Reported Among IDF Soldiers

54004503A Tel Aviv HADASHOT in Hebrew
12 Sep 89 p 15

[Article by Yosi Verter: "Fifteen AIDS Cases Revealed So Far in IDF"]

[Text] So far, the disease AIDS or AIDS antibodies have been found in five regular IDF [Israel Defense Forces] soldiers and 10 reservists. All 15 were immediately discharged from service after the screening. So said IDF Deputy Chief Medical Officer Colonel Shuki Shemer to members of the joint committee of the foreign and security committee and the education committee.

The committee, which concerns itself with educational matters in the IDF, met to discuss the subject of AIDS. Col Shemer explained that the blood test that every new recruit undergoes is the only way to know if someone is infected. "This still doesn't free us from a proper program of information," he said and presented to the Knesset Members the full IDF educational program, including slides. According to him, they are considering selling condoms in the canteen along with medical information.

Chairman of the subcommittee, MK [Knesset Member] Hagay Mirom (Alignment), suggested that condoms not be sold to the soldiers but be provided free of charge jointly by the IDF. MK Rafael Eitan (Tzomet) added: "It is known that the Sheqem [canteen], which was established during the Independence War, stands for chocolate, condoms, and chewing gum."

Prof Avraham Moreg, the top AIDS expert in Israel, told the committee that, so far, there are known to be about 100 AIDS cases and about 500 carriers of the virus. "This is actually an epidemic," said Moreg. "We are

sitting on the edge of a volcano. There are approximately 3,000 to 4,000 carriers of the virus who are not reported. The infected person can be a carrier for 10 to 20 years before developing symptoms so that it is difficult to know what will be."

Moreg added that in the Armed Forces, the danger is great because one wounded soldier is likely to infect another. Such occurrences must be taken into account, he said, in the basic education of the general public and the Army. Moreg reported that the Education Ministry intends to request 2 million shekels for activities on this

subject including 1 million for education, and he asked the MKs for help with the budget.

Eitan suggested that annual blood tests be conducted for the entire population, including the Army, and he expressed doubt that extensive education for prevention of AIDS will bring about a drop in the rate. He also argued that if AIDS continues to spread, the human race could be destroyed in 200 years. MK Pinhas Goldstein (Likud) proposed including AIDS education in the elementary schools.

CANADA

AIDS Incidence; Sentencing of Virus Spreader

3,208 Reported Cases

54200019 *Vancouver THE WEEKEND SUN in English*
2 Dec 89 p C15

[Excerpts] Canada took advantage of World AIDS Day Friday to announce a \$2.4-million AIDS-prevention program in Haiti.

External Relations Minister Monique Landry signed a four-year agreement with Montreal's McGill University for the prevention program.

The project will support an AIDS-education program in Haiti based on the results of a study assessing Haitians' knowledge, attitudes and practices regarding AIDS. The program stresses prevention and encourages changes in sexual behavior.

In Canada, 3,208 AIDS cases have been reported, including 1,873 deaths. As many as 50,000 Canadians are believed to be infected with the virus that causes the disease.

Bisexual Man Sentenced for Transmitting Infection

54200019 *Toronto THE GLOBE AND MAIL*
in English 9 Dec 89 pp A1, A2

[Excerpts] A bisexual man who carries the AIDS virus was sentenced yesterday to three years in prison for knowingly infecting a pregnant woman.

Scott William Wentzell, 21, of Halifax, pleaded guilty to criminal negligence causing bodily harm earlier this year after his former girl friend tested positive for the deadly virus.

"The public will not stand for the spread of this disease by those who know they are infected," said Judge Ian Palmetier of County Court. "It is not hard to find sympathy for those with this disease, but it is hard to find sympathy for someone who acts in such a reckless and wanton manner."

Mr Wentzell, who occasionally worked as a male prostitute, was identified as a carrier after two women with the virus named him as a common sexual partner. Although he was warned about the dangers of the disease and told to wear a condom, Mr Wentzell became involved with a third woman—who was already pregnant—in July of 1988.

In a pre-sentence report, a doctor said Mr Wentzell is unlikely to live beyond 35.

Mr Wentzell and the woman, now 22, lived together for nearly two months. By chance, the young woman's

godmother was the public health nurse who arranged Mr Wentzell's original AIDS test. She recognized the name and alerted the woman.

The woman, whose name cannot be used, had her baby about a year ago. But doctors say it may be two more years before it is determined whether the child is infected with the virus.

It's the first time that section of the Criminal Code has been used in a case involving AIDS.

Last August a Calgary AIDS carrier was sent to jail for a year on a charge of common nuisance, after having unprotected sex with two women. Neither of the women contracted the virus.

In another case, an Ottawa man was sentenced to 15 months in jail for knowingly donating blood infected with the AIDS virus to the Red Cross. The blood was detected before it was given to anyone.

AIDS Incidence in British Columbia Reported

54200016 *Vancouver THE SUN in English*
27 Nov 89 p B1

[Article by Harold Munro: "B.C. Teens Virus Surges"]

[Excerpts] Eighty-eight B.C. teenagers tested positive for the AIDS virus so far this year, almost twice as many as in all 1988, delegates at the third annual AIDS Conference in Vancouver learned Sunday.

The province's teens are following a deadly trend set by their counterparts in U.S. cities, warned Dr. Mike Rekart, a member of the provincial advisory board on AIDS.

"I think the infection rates in the U.S. are much higher among teens but ours still indicates an alarming trend," said Rekart.

Three teenagers in the province have so far developed the AIDS disease in 1989, compared to only one case a year ago.

"We have a serious situation with respect to the spread of AIDS amongst the adolescent population," agreed B.C. deputy health minister Stan Dubas. "It reinforces the need for some dramatic educational moves addressing lifestyle choices."

The total number of people who have tested positive for AIDS virus in the general B.C. population has increased by 228 this year to 637.

The new total includes about half the province's 200 hemophiliacs. Most contracted the virus through blood transfusions prior to 1987, before a new clotting agent was developed.

The number of AIDS-related deaths in B.C. this year ranks the disease as one of the 12 leading causes of death

in the province. Among the casualties in 1989 was a newborn—the first born in B.C. with AIDS.

As of Oct. 2, there were 337 known AIDS-related deaths in B.C. over a six-year period.

Rekart said the next few years look increasingly grim with the annual jump of about 40 percent in new cases since 1987 expected to continue until, "at least the mid-1990s."

He says B.C. has a good school program that discusses the threat of AIDS with youngsters. [passage omitted]

The conference continues at the Hyatt Regency Hotel until Tuesday.

DENMARK

Greenland Official Warns of AIDS Threat

90WE0077C Nuuk GRONLANDSPOSTEN in Danish
24 Nov 89 p 3

["Fear of AIDS in Greenland; 'Greenland Could Become Like Africa,' Chief Medical Officer Warns"; first paragraph is GRONLANDSPOSTEN introduction]

[Text] "Let's get right down to it: Currently there is no indication that Greenlanders have any particular protection against becoming infected with HIV and later developing AIDS. There is still reason to fear that in the future Greenland can experience a heterosexual AIDS epidemic on a far wider scale than is expected in, for instance, European countries. In particular, results of research in areas of Africa form the basis for such an assumption."

Jens Misfeldt, the chief medical officer [of Greenland], together with Mads Melby, the Fight Against Cancer [Association], and Jorn Olsen of the National Health Service Institute have just issued a report on the AIDS situation in Greenland which states that the population of Greenland could experience conditions like those in Africa if, today, continuance is not given to the Greenland AIDS campaign which can put a stop to an independent epidemic.

The first case of HIV infection among Greenlanders was detected in the summer of 1985, when one HIV-infected individual was reported. In 1986, on the other hand, there were no new cases, while in 1987 four were reported, and in 1988 there were seven new antibody-positives.

"The more HIV positives there are, the harder it is to stop an epidemic. Our program starts with the assumption that both HIV and a certain [level of] sexual promiscuity are the necessary prerequisites for epidemics. We cannot prevent HIV-infected individuals from continuing to transmit the virus to the population, but we can remove the social base for the spread of an epidemic."

Bisexual Contact

Jens Misfeldt, the chief medical officer, said that traditional high risk groups such as drug users and hemophiliac patients do not exist in Greenland's society.

"There is homosexuality. It is not organized, and it may possibly occur rather in the form of bisexual behavior. This probably explains the earlier transmission of HIV and scarcely makes it probable that an epidemic will spread quickly among the population in the immediate future."

It needs to be expected that an epidemic among heterosexuals will develop slowly—over a number of years, and, in any event, the threat of an AIDS epidemic will be something people will have to live with for several generations to come.

"We believe that people's level of information plays a decisive role, especially in the long term. But we also know that information alone is not enough. Infected individuals will certainly come to Greenland on a regular basis or infected individuals from one area of Greenland will move to another area, but first and foremost, it is important to be able to follow an epidemic as early in its course as possible."

Put Your Hat On

As the speed with which sexually transmitted diseases [spread] has declined, the use of "Greenland" condoms has been rising the past few years. The condoms, which are obtainable in several colors, have been so popular that the combined sales/distribution figure has reached half a million. The former general reticence toward the purchase of condoms is now disappearing.

In the course of 1 year—from 1987 to 1988—sales of the expensive condoms doubled from 200,000 to 500,000, while distribution from hospitals rose from 25,000 to 200,000 condoms.

"Fewer sexual partners, no anonymous sexual contacts, and the use of a condom are all important messages which can help remove the chances that this not easily transmissible virus will spread throughout the population. If you want to protect yourself against HIV, you must use a condom every time, even with your permanent sexual partner, and this is far from being the case today," said Jens Misfeldt, the country's chief medical officer, who added that "there is still a need for basic information, and this need among the population is certainly greater than among those groups we have studied," he said.

FINLAND

HIV Self-Testing Kits Expected in Pharmacies

90WE0052B Helsinki HELSINGIN SANOMAT in Finnish 7 Nov 89 p 5

[Article: "Quick HIV Test Not Yet Sold in Pharmacies"]

[Text] A quick HIV test has come on the market but is not yet in the pharmacies. In the opinion of Docent Pauli Leiniki, it would also be suitable as a do-it-yourself test if modified to a certain extent. The positive results that are obtained with the quick test must always be verified by other procedures. Quick tests are used in Finland in various places, including in forensic autopsies, because they improve the work safety of personnel participating in the autopsies.

HIV-Positive Drug Users Demand Methadone

90WE0052A Helsinki HELSINGIN SANOMAT in Finnish 7 Nov 89 p 13

[Article: "Persons With HIV-Positive Readings Demand Methadone for Their Drug Habits"]

[Text] The Nordic organizations of HIV-positive persons are demanding that everyone in the Nordic countries boycott HIV and AIDS conferences in countries that restrict HIV-infected persons from traveling. The boycott demand also applies to the AIDS conference that is to be organized in San Francisco next summer.

The organizations of HIV-positive persons in the Nordic countries, which met in Stockholm last weekend, demanded that the governments of their countries bear social as well as scientific medical responsibility for infected persons. In the opinion of the organizations, the training of both labor market organizations and health care personnel should be strengthened, so that infected persons do not run into difficulties at the workplace and in health care.

In their own opinion, as far as information is concerned, HIV-positive persons have remained in the shadow of preventive information.

Methadone Demanded for Drug Users

To avoid HIV infection and other diseases, the organizations demanded that the synthetic drug methadone be permitted as an alternative for the users of intravenous drugs in all the Nordic countries. In the opinion of the organizations, the distribution of free syringes and their collection from the users would also reduce infections and crime.

Methadone, which has an effect like heroin and morphine, is not used at present in caring for drug users in Finland. Medicines containing methadone are taken orally, and, thus, do not cause infection through dirty needles.

The specialist Pekka Heinala of the Hyks drug treatment unit personally considers methadone a good agent in caring for drug users if it can be used in supervised conditions. In Finland, however, the whole drug culture is so different from that in the other Nordic countries that the use of the substance is not regarded as necessary.

In Finland there are now about a dozen HIV infection carriers who were infected through needles. According to Heinala, all of the Finnish intravenous drug users are so-called mixed users.

GREECE

AIDS Spread, Public Ignorance Discussed

90WE0056A Athens TO VIMA TIS KIRIAKIS in Greek 26 Nov 89 p 33

[Text] This year's World AIDS Day on 1 December, which will have as the main theme "AIDS and the Young," will find that Greece has 250 diagnosed cases of the "scourge of the century" (already 102 of the victims have died), 15,000 to 20,000 carriers of the virus, an absence of public information that is criminal, a dangerous complacency among the young and the authorities as well as the minister of health who is also the president of the National Committee on AIDS.

Greece continues to have the fastest growth rate in the spread of the disease of any of the European countries and America—every week one or two new cases turn up and it is estimated that the number will reach a total of 600—but continues also to have a relatively lower number of cases. Men are always affected more than women (226 diagnosed male victims), while children (9) constitute approximately 4 percent of the cases.

Homosexuals comprise 49.4 percent of those diagnosed as having AIDS, heterosexuals, 24.9 percent (while in Europe they comprise 7.8 percent and 4 to 5 percent in the USA), those receiving multiple blood transfusions 10.8 percent, those infected by one blood transfusion, 7.6 percent, and drug addicts, 3.2 percent.

Nevertheless, there has not been the dramatic increase among drug-addicted diseased individuals in Greece (the disease spreads faster in this high-risk group than in other groups) that has been observed in other countries, mainly in Europe.

As a matter of fact, it is estimated that in Europe the number of drug addicts ill with AIDS will surpass that of the homosexuals in 1990. Also, in Greece no victims of medical origin have been reported yet (the few physicians and hospital personnel who suffer from AIDS belong to high-risk groups), although certain members of the medical and hospital personnel have been exposed to the virus through their contact with AIDS patients.

It Is a Matter of Luck

The fact that there are no medically caused infections with the AIDS virus should rather be considered a result of luck in view of the fact that preventive measures are not, as a rule, enforced in Greek hospitals. The recent study done by the Social Medicine Department of the Salonica University and the Athens Public Health School in public and private clinics in Athens and Salonica is very revealing because it indicates that only

12.1 percent of the physicians and nurses in Athens and 37.1 percent in Salonica wear rubber gloves when they inject a patient and only 64 percent of the physicians in Athens and 63 percent in Salonica know about the Ministry of Health's booklet with instructions for protection from the virus.

It should also be noted that the second AIDS virus (HIV2), which was discovered more recently and is endemic in Western Africa, has made its appearance in Greece and, more specifically, in Crete. "Until now we have located four HIV2 carriers, three men and one woman, and we are about to report it in an authoritative scientific journal," Mr V. Georgoulas, assistant professor in charge of the Center for AIDS Control in Crete, told VIMA. "We believe that a search for this virus should be made all over Greece so that a few years hence we will not find ourselves in a worrisome situation."

In addition, a new element in the history of AIDS in Greece is the newly founded—two for the time being—associations (in addition to the scientific societies on AIDS) that offer support, on a voluntary basis, to the carriers and the sick and protect their rights.

While the specialists the world-over believe that the peak of the epidemic has not yet been reached (despite the fact that the number of sick is estimated to be 500,000 worldwide) and Greece has fully joined this "deadly game," the lack of public information has been particularly noticeable during the past few months. There is a complacency even in the work of the National Committee on AIDS. "When the committee's proposals are not implemented, we see no reason to proceed with further planning," explains pediatrics professor and member of the National Committee on AIDS, Dr N. Matsaniotis. "Although 1 and ½ years ago we prepared, in cooperation with the Advertisers Union, the new information campaign, it has not yet been implemented by the administration."

What Do the Young Believe?

Internationally, but more so in Greece, a complacency about AIDS and its consequences has recently been observed. "The young believe that the danger does not affect them, that it is to be found in other populations, in other individuals," a professor of preventive medicine and member of the National Committee on AIDS, Dr G. Papaevangelou, stresses. "For this reason the scientific information should not only have been available, but continued and intensified as well as updated in order to hold the public's interest."

During this year's World Day on AIDS there are to take place—according to the circular of the Ministry of Education and after the intervention of the Greek Society for Research and the Fight Against AIDS—talks based on the instructions of the WHO in all the high schools in Greece. Simultaneously, there will be, on a voluntary basis, an essay contest for high school students and an art contest for junior high school students on the subject of AIDS. The best essays will be published in an album and

the best art will be exhibited. At the same time, a concert will be organized to perform at the Olympic Stadium, the proceeds of the concert will be earmarked for research and the fight against AIDS in Greece.

Poll on Knowledge of, Attitudes on AIDS

90WE0070A Athens KIRIAKATIKI
ELEVETHEROTIPIA in Greek 3 Dec 89 pp 30-31

[Article by Sonia Zakharatou: "AIDS Is Here and Few See It"]

[Excerpts] A year and a half ago, Professor N. Matsaniotis, in his speech on AIDS at the Athens Academy, reported: "We have the privilege of being, epidemiologically, where the United States was six to seven years ago, or where the northern European countries, but also the large Mediterranean countries, were three to four years ago, while we have for our defense the knowledge and experience about AIDS today. It would be a mistake if we did not avail ourselves of, if we did not exploit, this great privilege. I have the strong impression that we are not exploiting it sufficiently."

A year and a half has passed since then. And it appears that, yes, we are exploiting medical knowledge, but not the experience which, condensed, can help in prevention. And, as always in the health sector, what mainly counts and is determinative is the clear and general knowledge which leads every citizen to precaution, self-protection and preventative measures. What is the knowledge today? What is the behavior?

What 1,100 of Us Believe

Five months ago, the First Pediatric Clinic and the Athens University Hygienics and Epidemiology Laboratory, financed by the World Health Organization, conducted a public opinion poll on AIDS among a representative sample of the Greek population, specifically, among 1,100 people, aged 18 to 55, 70 percent of whom were men and 30 percent women, from all socioeconomic classes, in Athens, Salonica, and other urban areas as well as in semi-urban and rural areas. The grounds for conducting the poll state that "on the level of knowledge, it is not enough, for example, for young people to know how AIDS is transmitted, they must also know how it is not transmitted. Otherwise, the multitude of alleged, fictitious threats downgrades the significance of the dangers where they really are to be found." The poll brought to the surface examples of such fictitious threats.

One example: 75 percent of those questioned correctly disagree with the opinion, "If someone is not a homosexual and does not use drugs he runs no risk of being harmed by AIDS." However, 36 percent believe that the virus was created in laboratories and 73 percent think that AIDS is transmitted while giving blood. And also that sometimes it can be picked up from very dirty toilets (59.5 percent).

Other weak points were also verified: The majority (70.8 percent) of those questioned stated that they have no reason to change their sexual behavior. This position was observed most strongly among women (84.7 percent), in the Athens area (76.4 percent), and among married people (83 percent). The people who stated that they have already changed their sexual behavior are mainly:

1. Men (21.7 percent).
2. Men and women in the age groups 18-24 (21.3 percent) and 25-34 (24.2 percent).
3. Residents of urban areas (20.8 percent).

The meaning of change for 15 percent is limited to a more careful selection of lovers, without the use of a condom.

Ceaseless Information

I asked Professor Matsaniotis: Why did you address yourself predominately to males? He answered: "The makeup of the sample (70 percent men, 30 percent women) was dictated by many definable, but also undefinable, factors. I will cite the most significant:

1. It is accepted that, among the semi-urban and rural population which is married, the possibility of an extra-marital affair is greater among men than women. It is also accepted that the possibility of the questionnaire being reliably completed would be greater among men than women, especially among older people.
2. The perception prevails that, even in our day, at least among older people, the man is more sexually aggressive than the woman, and, by extension, more sensitized about AIDS.

3. The risk of AIDS is great among homosexual and bisexual men and non-existent among women with corresponding sexual behavior. (Editor's note: as concerns female contacts).

Public Opinion Poll on AIDS

The questionnaire was composed by professors N. Matsaniotis and D. Trihopoulos and Market Research, which completed the technical part of the survey.

1. Knowledge About Diseases/Infections

The chief diseases or infections which are considered a threat to health and life were mentioned spontaneously by those questioned in the poll are:

AIDS, 71.3 percent; cancer, 62.4 percent; and heart diseases, 35.6 percent, while significantly lower percentages are shown by syphilis, 9.4 percent; hepatitis (a), 9.6 percent; hepatitis (b), 7 percent and drug addiction, 6.3 percent.

2. Degree of Seriousness/Concern

AIDS is considered by those questioned in the poll:

An extremely serious threat by 83.6 percent and a very serious threat by 13.7 percent for the health of each of us. The degree of seriousness shows significantly high percentages equally among all the age groups, 18-54, in all areas, educational levels and family situations.

While the degree of seriousness does not vary among the various subgroups, that is, age, sex, etc., the degree of concern shows significant deviations according to sex, age and family situation.

It is clear that people with very strong sexual activity, that is, unmarried men aged 18 to 34, are most concerned about AIDS.

Specifically, the "picture" is as follows (in percentages):

	Total	Men	18-24	25-34	Unmarried
I am (extremely/very/somewhat) concerned	39	41.4	54	45.3	58.5

Athenians and Salonicians show higher percentages of concern than the residents of urban and semi-urban/rural areas (in percentages):

	Total	Athens	Salonica	Urban	Semi-urban/rural
I am (extremely/very/somewhat) concerned	39	43.8	46.1	38.7	33.8

The following have the least concern about the threat of AIDS (in percentages):

	Total	Women	35-44	45-55	Married
I am not concerned	56	63.9	55.1	74.1	65.8

3. Opinions About Transmission of AIDS

The "picture" which emerges in the total sample after the opinions expressed by those questioned as concerns the transmission of AIDS is the following (in percentages):

	Agree	Disagree
AIDS is transmitted by kissing	15.5	75.6
AIDS is not transmitted on cutlery and glasses	74.9	16.8
AIDS is not transmitted by mosquitoes	63.5	24
AIDS is communicated by swimming in contaminated waters	73.5	10.9
Vaginal intercourse is more dangerous for the transmission of AIDS than anal intercourse	23.8	53.3
AIDS can be transmitted even by needles used once	32.5	62.7
One cannot be infected by AIDS while giving blood	62.7	31.9
A condom impedes the transmission of AIDS	85.7	10
If someone is pricked with a contaminated (by AIDS) needle, it is very possible (more than 50 percent) he will be infected	95	2.2
Sooner or later, a homosexual will be harmed by AIDS	67.7	24.8
Sooner or later, a drug addict will be harmed by AIDS	70.4	22.6
If one is not a homosexual and does not use drugs, he runs no risk of being harmed by AIDS	20.2	75
If someone spends a night making love with a person infected with AIDS, without a condom, it is very possible (more than 90 percent) he will contract AIDS	94.6	3.2
It is safer to treat/take care of AIDS patients than to smoke	37.9	41.1
Today in Greece it is more possible to be harmed by AIDS than by lung cancer	19	53.7
Sometimes AIDS can be communicated from very dirty toilets	21.9	59.5
One cannot be infected by AIDS when he is not a drug addict and has sexual relations only with one person of the opposite sex	52.4	43.4
Prevention measures against AIDS must be taken only by homosexuals, drug addicts and those who have multiple and irresponsible sexual relations	31.1	66.2
The AIDS virus was created in laboratories by man himself	35.9	27.1

4. Opinions About People Who Are Carriers/Suffer From AIDS

Most of those questioned (34.3 percent) stated that they absolutely disagree with the position that "one cannot work next to someone infected by AIDS." The disagreement was stronger among younger age groups, 18-24 (46.6 percent) and 25-34 (36 percent), as well as those who have a high school-lyceum education (46 percent), a technical/advanced school education (45.9 percent) and a graduate school education (48.4 percent). Conversely, the majority (31 percent) of those who had no education at all or had only completed elementary school stated that they agree absolutely with the above position. The same is true for the majority (26.1 percent) of the lower socioeconomic class, although in this case an almost equal amount (24.8 percent) stated that they disagree absolutely.

It is not easy for us to say how much those questioned think that people infected by AIDS are responsible for their fate, since there are almost equal percentages across the whole scale "agree-disagree".

Finally, 40 percent of those questioned disagree absolutely with the "isolation of those who have been infected by AIDS so they cannot transmit it to others,"

while a majority agree (69.1 percent absolutely and 25.5 percent somewhat) that those who have been infected by AIDS must be dealt with understanding, discretion and respect.

IRELAND

AIDS Problem in Ireland Said at Record Growth

54500033 Dublin IRISH INDEPENDENT in English
24 Oct 89 p 8

[Article by Alan O'Keeffe]

[Text] Ireland now has the fastest growing AIDS problem in the EC, an international seminar on the deadly disease was told yesterday.

And AIDS counsellors from eight countries heard from a top civil servant that there were clear indications this country was now entering the "epidemic phase of a disease" which, to date, had claimed 52 lives.

Liam Flanagan, secretary of the Department of Health revealed that alarmingly, from our point of view, "the number of cases of AIDS in Ireland is doubling roughly every nine months," while in Britain, it doubled every two years every 2-1/2 years in France and Germany.

He stated the likelihood was that this trend would continue for at least the next three or four years.

Mr Flanagan was addressing 48 AIDS counsellors from the UK, Iceland, Norway, Sweden, Finland, Netherlands, Denmark and Ireland at a week-long international workshop at Dublin Castle.

He pointed out that the AIDS problem in Ireland, as in other countries, was the most significant challenge in the public health field for decades. Since monitoring was introduced a total of 110 AIDS cases had been reported.

The conference was organised by the World Health Organisation to tackle the need for more counselling services. Counselling is seen as a critical weapon in preventing the spread of the AIDS infection.

Dr James Walshe, national AIDS co-ordinator said 52 people here had already died from AIDS, and a further 900 were HIV Positive. "The very best scenario for the problem in Ireland is that it will get very much worse before getting better."

He said the main danger group for the spread of AIDS were drug addicts using infected needles who then had sexual relations with people in the main stream. The devastating effect of the drugs on their minds meant the incidence of AIDS among them could not be completely controlled.

Meanwhile a group of Japanese researchers yesterday said they had developed monoclonal antibody which apparently killed only cells infected with the AIDS virus while leaving normal cells intact.

So far the antibody is successful only in the laboratory, and researchers still need to determine its efficacy in clinical trials on AIDS patients.

SPAIN

Figures Showing Spread of AIDS Published

30 New Cases a Week

90EW0055A Madrid DIARIO 16 in Spanish
19 Nov 89 p 15

[Report by Arturo Cenzano]

AIDS is spreading faster in Spain than in the rest of the European Community countries, according to the latest surveys of the World Health Organization. The disease is spreading at an average rate of 30 new cases a week, and the number of patients now exceeds 3,000.

Specialists believe that by 1992 Spanish citizens suffering from what has been called the "plague of the 20th century" will cost the State more than 60 billion pesetas a year.

The Basque Country, which has the highest incidence in Europe and where drug addicts are the main risk group,

will have to spend around 50 billion pesetas to treat those who have developed the disease. This means that a single disease will absorb some five percent of the general budget.

The outlook for the spread of AIDS in the coming years is alarming. Estimates are that 10 years after contracting the infection 40 percent of the carriers will wind up developing the disease and that close to 20 percent of the regular partners of heroin addicts who are serum-positive have already been infected through sexual relations.

As far as the WHO specialists are concerned, the AIDS situation in Spain is one of the most worrisome in Europe. This is because drug addicts, who are the hardest hit group in our country, are much more difficult to monitor than homosexuals. Thus, whereas Italy and the United Kingdom are succeeding in slowing the spread of the disease, Spain is unable to monitor drug-addict carriers in spite of the major efforts that it has put forth.

A truly tragic consequence of the disease's incidence among addicts is that it has been spread by drug-addicted mothers. Spain has officially acknowledged some 30 such cases and, along with Italy, is at the top of the European list in this subgroup, with an incidence easily double the international average.

Moreover, we should bear in mind that the thorough verification demanded by the WHO to officially declare someone an AIDS sufferer means that the statistics lag considerably behind the actual situation. The specialists consulted by DIARIO 16 say that more than 70 cases have effectively been verified and that the actual number of such AIDS cases is around 200.

The failure to monitor Spain's population of drug addicts is also causing a worrisome increase in diseases that were thought to have been practically eradicated, including, most prominently, congenital syphilis.

The previews of the first clinical report that is being drafted on pediatric admittances to Basque hospitals reveal that 92 percent of the cases under study were due to maternal drug addiction. The report is being coordinated by Professor Delgado Rubio.

The infected infants show the same clinical symptoms as adults. The course of the disease tends to be considerably faster however, so much so that babies born with the disease generally do not live longer than 1 year.

The other causes of infection lag far behind. The presence of a previous hepatitis-B infection was detected in 58 percent of the cases, and only 8 percent of the transmissions were due to sexual contact.

The clinical manifestations of the disease during pregnancy mean that the infant will almost certainly be born with AIDS. Hence, a significant number of therapeutic abortions are expected among drug-addict mothers, all the more so when the link between pregnancy and the triggering of the virus is being clearly demonstrated.

Highest European Figure for Newborns

90WE0055B Madrid DIARIO 16 in Spanish
24 Nov 89 p 12

[Report by F. Jimenez Santos]

Spain is the European country in which the most newborns have antibodies to AIDS, according to a report drafted by the Spanish Pediatric Association (AEP). From April to October 1,416 carriers were born, 277 of whom contracted the disease and 71 died. These are incomplete data, as the survey to determine the number was limited to 71.5 percent of the centers.

There are 233 cases at Gregorio Maranon Hospital in Madrid; this is more than in the entire United Kingdom. By the end of this year about 2,000 children will have the disease, which is caused by the HIV virus, at various stages of development. These cases of mother-to-fetus transmission are found almost exclusively (95 percent) among drug-addicted mothers. Their sociocultural and economic level tends to be low.

Of every 100 infants who are born with the antibodies, 25 will develop the disease over an undetermined period of time. This infection rate is similar to that in the other EEC countries. According to the AEP, the clinical follow-ups have so far been very inadequate, mainly owing to shortcomings and limitations in health-care infrastructure.

The association, which comprises some 6,000 physicians, has asked that the test to determine the presence of the virus be conducted on all pregnant women, and is also calling for strict measures to prevent its spread. These requests, as well as the data gathered, will be presented at the next world congress of mother-infant AIDS.

The average age of the mothers at childbirth was 23. Only half of them were married, and 84.1 percent were asymptomatic. Some 8.4 percent of them have died of AIDS.

The average weight of the infected newborns was 2,762 grams; normal weight is 3,342 grams. Almost one-fifth of them were born premature, at 37 weeks. One of four infants was suffering withdrawal symptoms a few hours after birth.

Concentration of Cases

The highest concentrations of cases are in Madrid, Catalonia, the Valencian Community, and the Basque Country, in that order. These communities account for 80 percent of the total cases.

The association recommends that special family follow-up units be created for these cases and that an advisory technical group for government be set up to supervise assistance and research programs for pediatric AIDS. It is also calling for strict controls on the availability of drugs for consumption.

The president of the AEP, Jose Pena Guitian, indicated that "a vaccine is not expected until 1995. As of now we can try to extend the life of the patient as much as possible, but the problem that is plaguing Spain in particular is the large number of women addicted to intravenous drugs who have the virus and are in their childbearing years."

Dr Canosa, from the La Fe Pediatrics Department in Valencia, underscored that newborns who have antibodies "do not necessarily have to be the children of mothers with the disease," and he acknowledged that in many cases the mothers find out that they are suffering from the disease when they give birth.

In these cases the mothers do not suspect that they have AIDS because they have not consumed drugs of late. In this regard, Canosa underscored the surge in drug addiction at the start of this decade, before the alarm over AIDS spread; thus, some mothers who are carriers could have stopped shooting up years ago and are only now manifesting the disease.

Jose Pena highlighted the fact that the fathers of infants who have the virus have formed no association whatsoever, in contrast to the case with other diseases. "They cannot form pressure groups," he said, "because they would be socially ostracized right away. Such discrimination is working against us in compiling complete statistics."

The president of the AEP deplored the scant preventive measures that were taken when the syndrome first appeared 9 years ago. He said that pediatricians were interested in the perinatal transmission of the disease and recalled that the WHO's priority was epidemiological research.

Clinical Follow-Up

"Today, with just the standard techniques that we have, we can do little more than wait and see what happens during the first 18 months of an infected infant's life, and afterwards, over the next 5 years, through rigorous clinical, analytical, and psychosocial follow-ups," Pena stated.

Nevertheless, such follow-ups cannot be conducted to the extent that would be desirable owing to the insufficiency of personnel and equipment. "Rather than bureaucracy, we need resources adapted to the proportions and peculiarities of pediatric AIDS," indicated the president of the association, who also underscored that health-care centers for children are collapsing under the weight of the demand for services, which makes it impossible to treat patients properly.

More Patients Than Statistics Indicate

The findings of this survey have been reported to the government so that it becomes aware of the magnitude of the problem, representatives of the Spanish Pediatric Association said. The association financed the study.

The following is the method that each of the health-care centers taking part in the study used. When during pregnancy or at childbirth a woman said that she belonged to a high-risk group (those with multiple sexual partners, drug addicts, or those who had hepatitis at some point in their lives), she was told that she and her newborn ought to be tested for AIDS.

Once permission was obtained, the usual diagnostic procedures were employed: Elisa, Western blot, and antigen tests, which provide a high level of assurance that the virus will be detected.

When the infant was found to have antibodies from the mother, periodic checkups by pediatricians at the center were proposed to her. Hemophiliac patients were not included in this study.

Since a patient had to volunteer the information that she belonged to a high-risk group and had to give permission for the tests and the follow-ups on the development of the disease, the numbers are not accurate. Many women concealed their drug addiction or sexual promiscuity, while others who acknowledged as much did not give permission to investigate further, and thus the case was not included in the final tally.

Cases of AIDS Among Children in Spain		
Community	Number	Percent
Madrid	503	35.49
Catalonia	234	16.48
Valencia	224	15.79
Basque Country	165	11.63
Andalusia	84	5.90
Balearic Islands	43	3.03
Galicia	43	3.03
Castile-Leon	42	2.95
Aragon	27	1.90
Asturias	21	1.47
Castile-La Mancha	9	0.63
Extremadura	6	0.42
Canary Islands	5	0.35
Cantabria	4	0.28
Murcia	4	0.28
Rioja	2	0.15
Total	1,416	

AIDS Figures, Growth Rate Reported
90WE0073A Madrid DIARIO 16 in Spanish
1 Dec 89 pp 14, 15

[First paragraph is DIARIO 16 introduction]

[Text] According to the World Health Organization's [WHO] latest estimates, within 3 years Spain will be the European country with the largest number of AIDS

cases. This report may help to call attention to the International Day To Combat AIDS, taking place all over the world today, to be marked in our country with a function scheduled for the Madrid Atheneum, with some 50 famous figures, including intellectuals and politicians, participating. In Spain, nearly 120,000 carriers of the virus have been counted, and 3,000 victims of the disease have been officially acknowledged.

Specialists from all over the world are devoting their activity today, decreed by the World Health Organization as the International Day To Combat AIDS, to the updating and exchange of information on AIDS, the strange, fatal disease that has revolutionized the epidemiological picture for the final stage of the 20th century and changed the sexual behavior of citizens in most countries.

AIDS has drastically terminated an era of permissiveness that began after it was discovered that sexually transmitted diseases could be cured easily. The barriers that no moral code could effectively raise have been imposed with authority by what some have termed the "modern plague." AIDS has transcended the traditional risk groups and its influence is invading the society as a whole. The beginning of the epidemic is occurring in Spain just when the establishment of a democratic system is facilitating a long awaited liberalization of the strict moral code that prevailed during the 40 years of dictatorship.

This "liberalizing explosion" and the attention given by politicians to a transition without confrontations will foster the emergence and development of serious social problems, such as drug trafficking and consumption.

Disturbing Figures

The latter will become the principal means of spreading AIDS, which will also be concealed in the sharp increase in sexually transmitted diseases, the incidence of which has tripled during the first 3 years of this period.

As one infers from the latest estimates made by experts from the World Health Organization, within 3 years Spain will be the country with the largest number of AIDS cases in Europe.

Specialists queried by D-16 agree on accepting figures that are already very disturbing.

According to these estimates, our country currently has over 120,000 carriers (that is, individuals who have not developed the disease but could infect others with it); and the number of real cases is nearly 5,000, compared with the approximately 3,000 already officially admitted. The meticulousness and slowness of the official counts is causing a considerable distortion of the real situation.

Spain shows the worst prospects in Europe for controlling AIDS, owing to its high degree of incidence among the drug addict population. This situation has created an

additional gravity, namely, the fact that the majority of young female heroin addicts infected intravenously are of child-bearing age. Hence, our country, besides having a rate of infected young people that is double the international average, shows the highest number of AIDS cases in children.

According to the experts, a drug addict with antibodies is even more dangerous than a patient who has developed the disease. This risk group is also typified by an extraordinary mobility; hence, its control is virtually impossible.

As if this were not enough, the Spanish police lack suitable regulations to prevent the sporadic forays made by drug addicts into the world of prostitution: forays that have contributed decisively to the spread of the disease, exceeding the incidence among the traditional groups.

The latest samplings taken in our country have confirmed that it is precisely the cities with a higher rate of floating populations (Madrid, Barcelona, and Bilbao) that also show a higher number of infected persons. The specialists consider this a direct result of the impossibility of exercising effective control.

Effective Measures

In contrast to the gloomy picture evinced by Spain with regard to AIDS as a result of the "explosion" of the disease among the drug addict population and the contagion spread by this risk group, the control measures applied to homosexuals and hemophiliacs have proven tremendously effective. Except for the case of the Belvitge institution, no contagion has been determined from transfusions, and the incidence among the Spanish homosexual population has been clearly reduced, in contrast to the advancement occurring among drug addicts.

The Spanish health authorities have been constantly caught between the need to establish severe control measures to prevent the spread of AIDS and the unquestionable fact that the information on the dreadful consequences of the disease is creating a "psychological terror" among a sizable part of the population, which could also entail serious consequences.

In fact, the first preventive campaigns have generated a disturbing flow of people, panic-stricken over contracting a disease whose overly disseminated symptomatology coincides with that of such common ailments as influenza and slight gastritis, to the Social Security out-patient facilities.

The oddity is that most of these individuals have had no occasion to contract a disease requiring sexual or blood contact, the degree of infectiousness of which is 100 times lower than that of type B hepatitis, for example. Because of AIDS there has been an outbreak of much

remorse, with the recollection of extra-marital adventures, that has converted general physicians into real confessors, prompting a pathological inspection of any anomaly on the skin.

This continuous self-monitoring of health is causing states of constant stress, which actually reduce the level of the body's defenses and heighten the risk of contracting other infections. It is estimated that panic over AIDS is responsible for at least 2 percent of the cases of depression currently besetting 15 percent of the Spanish population.

30 New AIDS Cases Every Week

Spain has the most rapid rate of AIDS progression in Europe, according to the latest estimates made by the experts. It has been estimated that an average of 30 new cases crop up weekly.

AIDS shows a very irregular distribution in Spain. Whereas the Basque Country posts the highest rate of incidence in Europe (132.7), both Castillas have the lowest percentage in the EC [European Community], namely, 23.5 and 23.7.

The Spanish research on AIDS has provided interesting conclusions, acknowledged internationally. The tests have been concentrated mainly among the terminal adult population and pediatric infections.

The programs developed at the El Rey Hospital in Madrid, the Clinic Hospital in Barcelona, and the Basurto Hospital in Bilbao have demonstrated that treatment with azitodimine (AZT) has contributed decisively to an improvement in the patients' quality of life.

This drug has considerably fewer side effects than what had been attributed to it and, moreover, there is a reversible type benefit, whereby the treatment may be given based on the advantages accrued, and may be stopped or reduced when the patient's condition so advises.

The clinical research on children stricken with AIDS has been done at the Basurto and Cruces Hospitals in Bilbao, Our Lady of Aranzazu Hospital in San Sebastian, Chigorrucho Hospital in Vitoria, and Virgin of the Road Hospital in Pamplona, under the coordination of Professor Alfonso Delgado Rubio.

The application of azitodimine to the pediatric segment has revealed that the anemia processes associated with the administration of this substance cannot be considered widespread, and may be corrected by blood transfusions.

The Spanish Pediatric Association, for its part, has decided to open a registration log on children affected by AIDS, like those existing on classic pathologies.

The follow-up of 170 children associated with the virus warrants the claim that about 30 percent of the children of infected mothers end up contracting the disease,

developing a prognosis considerably worse than that occurring among the adult population, because most of those stricken do not live to be a year old.

The "shock action" proposed in Spain to halt the advancement of AIDS is encountering difficulties of all types, ranging from meager attention on the part of certain risk groups (such as drug addicts) to moral criticism.

The distribution of condoms has been discredited by the Church as an institution and advised by the majority of experts as a practical barrier for preventing contagion. Nevertheless, the proliferation of recommendations has also fostered an over-production of this item, which has not always met the quality requirements.

AIDS Cases in Spain	
Province	Number of Cases
Catalonia	730
Madrid	612
Basque Country	310
Andalucia	269
Valencia	237
Balearics	94
Galicia	70
Castilla-Leon	60
Asturias	57
Huesca-Saragossa-Teruel	51
Canaries	51
Castilla-La Mancha	38
Navarra	35
Murcia	32
Cantabria	30
Extremadura	25
La Rioja	16
Ceuta	4
Melilla	2

AIDS Campaign Urged; Vatican Posture Scored
90WE0054A Madrid DIARIO 16 in Spanish
19 Nov 89 p 3

[Editorial: "Between Unconsciousness and Dogmatism"]

[Text] According to a report from the World Health Organization, Spain is showing the greatest advancement in the spread of AIDS in all of Europe. In our country the disease is progressing at the rate of 30 cases appearing per week, and the number of persons with the disease already exceeds 3,000. That report adds that, if this course continues, starting in 1992 the Spanish State

will have to spend about 60 billion pesetas per year on treatment for those stricken with this horrifying "20th century plague."

The progress of the disease is due largely to the society's unconsciousness. On the one hand, we have just witnessed in public the trial of the director and several high-ranking officials of the Bellvitge health institution in Barcelona, where several infections occurred from transfusions of contaminated blood not subjected to the pertinent checks. This gives the impression that, at least until quite recently, health conditions in our country were favoring the spread of the disease from completely avoidable types of infection.

On the other hand, it is obvious that the highest risk group at present in Spain, that of drug addicts, is not implementing the simple rules of hygiene that could curb the development of AIDS. And, similarly, perhaps for obscure reasons of deliberate unconsciousness, the population as a whole is reluctant to admit the seriousness of the risk. As Italian Prime Minister Andreotti recently declared on the occasion of the international conference called by the Vatican, "there is disregard for the true data" concerning the disease; as if the rationalism of our time, a conquest of modern civilization, had been destroyed upon the sudden emergence of this biblical type of plague that has changed the sexual mores of a large part of the world's population.

AIDS poses, primarily, a strictly health problem. Current medicine, despite its high degree of development, has not yet managed to give a response to the malignant virus, which continues to be a mortal danger. Some prestigious specialists have predicted that, by 1992, there will be a first vaccine; nevertheless, there is no effective remedy now other than prevention. AIDS can be controlled, and even eradicated, by taking certain precautions in sexual relations (or, of course, refraining from those entailing any risk), and by banishing certain practices causing the infection of drug addicts (especially avoiding the multiple use of needles for intravenous injection). Hence, it seems clear that society must undertake a major prophylactic campaign to foster prevention and check the tragic advancement of the disease.

As has been stated, the Vatican has shown signs of sensitivity to the problem by calling a major international conference to which representatives of all sectors involved in the problem were invited. There emerged from it the plausible recommendation to offer understanding to those with the disease, who are not foul persons but rather victims of a painful destiny. Nevertheless, at this forum puritanical morality was unnecessarily intermingled with the essential issue. The Pope categorically condemned the use of the condom, talking about "immunodeficiency of fundamental values." To the supreme hierarchy of the Catholic Church there is no licit sexuality other than that intended for procreation, although this radical position is not accepted by large sectors of that religious denomination.

In view of the progress of this unsolvable disease, it would appear essential to instill the idea of prevention in the society by all possible means. There is no question that, if the condom can reduce infection among those who do not share the strict moral precepts of the Catholic Church, its use should be promoted. And it is equally logical for states to sponsor sensitization and consciousness-raising campaigns among all citizens, because the threat has transcended the initial risk groups (homosexuals and drug addicts). In short, the AIDS threat must be confronted realistically and pragmatically, setting aside all dogmatism and battling persistently against collective unconsciousness.

Discrimination Against HIV Positive Carriers

90WE0039A Madrid DIARIO 16 in Spanish
24 Sep 89 p 14

[Article by Amparo G. de la Gama: "The AIDS 'Apartheid'"; first paragraph is DIARIO 16 introduction]

[Text] A new outbreak of discrimination appeared several days ago in a school attended by a girl with AIDS antibodies, bringing renewed attention to the fear present in Spain of this fatal illness that is continuing to spread throughout the nation. There are already 3,353 cases of AIDS in Spain. The policies of some hospitals about mixing AIDS patients in with people suffering from ordinary diseases has created uneasiness among hospital patients and staff. A heroin addict with the AIDS virus told DIARIO 16 that he had been chased out of a disco with sticks when the people there found out that he had AIDS.

Curro has just died of AIDS on the third floor in the hospital. He had been using intravenous drugs for 5 years and nothing had happened to him until he met "a kid who was really into the drug scene in the neighborhood," with whom he shared syringes.

For the past few months, Francisco has been living in a hospital, suffering from pneumonia. After he developed the first symptoms of the disease, he lost all hope of living, and the only thing that gave him any pleasure at all was the feeling of pumping out his infected blood with a syringe, in a vain attempt to fight the disease.

While convalescing in the hospital he skipped out several times and went back to his neighborhood, unable to stand being hospitalized. One day the police found him lying on the side of the road, his arm covered with needle tracks. After that he entered the terminal phase of the disease, and the doctors could do nothing more for him.

The last of the patients who lived with him [in the hospital] complained about the hospitals' terrible patient placement policies.

"I have been paying Social Security for 15 years, and because of this damned operation I needed, I've had to lie beside a degenerate whose arms are riddled with needle tracks, and, to top it off, he's dying of AIDS,"

Lorenzo exclaimed indignantly, speaking in the hospital corridor where he is convalescing from appendicitis.

Many patients like Lorenzo are not willing to share their hospital room with people suffering from Acquired Immunodeficiency Syndrome. "They say we're racists," protests Elvira, "but I don't see why I should have to put up with these creatures' filth while I am recovering from my illness."

On 12 October Luis Rubio, the head of hospital services, agreed that "feelings among the patients are running very high. It bothers the majority of them to have to live for several days next to a person with AIDS."

The medical personnel who take care of these patients have also expressed their concerns: "Even though we're very careful when we take blood or give them injections," said Angeles Menchero. "You just can't avoid cutting yourself without realizing it. We really are very much afraid of getting infected with AIDS."

AIDS patients are assigned to rooms in Spain's hospitals based on the disease for which they are hospitalized at that time. "We don't try to isolate them," said Carlos Hita, deputy director of hospital services, "so we can, once and for all, put an end to the social disease stigma with which these patients are burdened."

In Spain drug addiction is the leading risk factor for AIDS, and is responsible for 43 percent of the AIDS cases, followed by homosexuality, which is responsible for 26 percent, followed by hemophilia, 20 percent.

Guillermo is gay and has had AIDS for 5 years. "When I learned I had AIDS I was totally overwhelmed. It was traumatic for my family to learn what was wrong with me, and after a television program in which I described my experiences, many doors were closed to me."

Guille is a dancer, but in the evenings he volunteers at the Anti-AIDS Citizens Committee to help other people who suffer from the same disease he has. "For a number of years we've been trying to dispel the anguish that some of our comrades suffer, for the idea that they are the living dead has been drummed into them."

"Now," continues Manuel, who is also an AIDS patient, "We have grown stronger from being with other people like us. Even though the virus is leaving us without defenses, we have an inner strength that no virus can take away from us."

At the committee's weekly meetings, everyone is aware that they are facing death; "We all know about death, but none of us wants to believe in it," commented one member.

The case of Maria, the girl people wanted to expel from school because she has AIDS antibodies, has been discussed a great deal by these patients. "They discriminate against us," said Victor. "The other day I was chased out of a disco with sticks when they found out I had AIDS."

Gloria is studying philology and hopes to complete her education. At the university no one knows of her illness. "If you say you have AIDS people look at you as if you were some sort of freak, and nobody wants to have anything to do with you. I had the bad luck of getting caught, but now I want to get the most out of my life I can."

Her sex life hasn't changed much since she contracted the disease. "We AIDS patients aren't running around the world like kamikazes. If I go to bed with someone, I do it from love; I'm not deliberately trying to infect him with AIDS," she asserted.

AIDS Continues to Spread Throughout Spain

Province	Number of Cases	Rates (per Million Persons)
Andalusia	321	47.51
Aragon	55	44.86
Asturias	66	55.90
Balearic Islands	106	141.99
Basque Country	367	157.14
Canary Islands	55	35.55
Cantabria	42	77.40
Castilla-La Mancha	43	26.87
Castilla y Leon	72	28.31
Catalonia	969	147.71
Extremadura	34	33.84
Galicia	118	40.61
La Rioja	17	63.56
Madrid	699	130.03
Murcia	36	34.56
Navarra	42	78.16
Valencia	276	68.04
Totals	3,353	83.52

Children With AIDS

Carlos wants to put an end to the cliché that AIDS is spread through sexual contact and he takes his friend Rosa to committee meetings every time he goes. "Look," he says, pointing to her, "I've been making love with her for 2 years, and she couldn't be healthier. Sometimes we've even talked about having a baby."

At the present time the number of children born with AIDS antibodies is growing at a considerable rate. "Many women," explains the mother of 4-month-old child who is hospitalized, "don't know where to get abortions, and we know that if we have the virus, our children will also be born with it."

The child stirs in his crib while we are talking. He looks at his mother and smiles at her. "If I had known this, I would never have taken heroin," laments Pilar. "This child is going to be wretched."

Other babies are abandoned in the hospital when they are born, and it is difficult to find people willing to adopt children with AIDS antibodies. "These children are condemned to death," says one social worker, "and nobody wants to grow attached to them because they are going to have a miserable ending."

Drug addicts, prostitutes and young street people are the major groups of women who are being overwhelmed by unwanted motherhood. "It would be good," continued the social worker, "if these women could get therapeutic abortions, so the children would not have to suffer."

Poll Shows Doctors, Nurses Fear AIDS

90WE0054B Madrid YA in Spanish 23 Nov 89 p 20

[Text] According to a poll taken by the Valencian Health Service at Valencia's primary care centers and hospitals, 37 percent of Valencian doctors and 40 percent of the nursing personnel fear AIDS contagion from treating patients with antibodies (HIV) [human immunodeficiency virus].

The poll reveals that the health workers show a medical knowledge of AIDS far superior to that of the general population, although nearly 40 percent erroneously associate infection from the human immunodeficiency virus with the act of drawing blood, and another 20 percent believe that transmission can occur through saliva.

The Valencian Health Service's Office of Studies took a poll among over 1,300 doctors and nurses. That poll discloses that there is among health personnel a medium to high degree of acceptance for patients with AIDS antibodies, but that they confuse the transmission mechanisms that can pass the disease with others that cannot.

As was explained by the poll's technical official, Francisca Almendra, over a third of those polled and 40 percent of the nursing personnel cited in the poll "fear of AIDS infection despite the precautions taken." They also expressed approval of the right of health workers to refuse to care for such patients.

AIDS has created fear and anxiety among 32 percent of doctors, who consider the disease infectious, incurable, and fatal. Seventy percent of doctors and nearly 80 percent of nurses believe that those infected with HIV should be treated in special rooms.

Rejection of Drug Addicts

The person in charge of the poll noted that health personnel are more likely to reject infected drug addicts and homosexuals than hemophiliac AIDS patients or those infected by a blood transfusion.

Generally speaking, doctors and ATS [health technical assistants] regard AIDS as infections (although not so much as diseases transmitted by air). However, 15 percent of the doctors and 25 percent of the nurses thought that mouth-to-mouth resuscitation could be a means of transmitting AIDS.

Over half of the doctors polled lack confidence that the disinfectants ordinarily used in hospitals (such as Beta-dine or Hibitane) can destroy the AIDS virus. In the case of hospital nurses, that proportion rises to 80 percent.

AIDS Situation in Country's Prisons Viewed

90WE0073B Madrid DIARIO 16 in Spanish
28 Nov 89 p 16

[Text] In connection with the presentation of lectures on the topic of AIDS in prisons, to be held on 11, 12, and 13 December in Alava, the chairman of the Federation of Citizens Anti-AIDS Committees and Commissions of the Spanish State, Peio Lopez de Munain, scored the regrettable situation existing in our country's prison system, while at the same time disclosing that, "in Spain five inmates die from AIDS every month," according to an LID [expansion not given] report.

The necessity for entering prisons and informing the inmates about the AIDS problem represents the two priorities that prompted the Federation of Citizens Anti-AIDS Committees and Commissions to schedule these lectures. The fact that the site for the latter is Vitoria and that the Basque Government has provided all types of facilities was the deciding factor for holding the event in Alava on 11, 12, and 13 December, although there are many concerned people in Catalonia as well.

The presentation of these lectures will be attended by experts on the AIDS problem, in an effort to prevent this disease from continuing to spread in jails. Nevertheless, there will be some highly significant absences, because no representative from the General Directorate of Prison Institutions, the Health Ministry, or even such a prominent center as the Carabanchel Jail will be present.

According to Peio Lopez de Munain, their failure to attend may perhaps be due to the fact that "they might not want the dirt underlying it to come out," because "ever since this disease became known, 9 years ago, the prison institutions have made no effort to check it."

This federation, created 4 years ago, "in view of the need for taking preventive measures, providing information, and helping those stricken," according to its leaders, wants the 30 percent of the prison population, currently totaling 32,000, who are not sero-positive, to have a chance to be saved.

Currently, 50 percent of the inmates are persons jailed as a result of drug-related convictions, and of that number between 60 and 70 percent could have AIDS. Lopez de Munain does not consider the results of the poll taken by the state in jails to be at all reliable, because, "Since taking drugs and having homosexual relations are prohibited, it would be stupid for anyone to tell the poll taker that he did engage in such actions." Hence, he believes that worthwhile measures must be adopted because, "although there is silence and it is claimed to be due to other causes," the fact is that five inmates are

dying from AIDS each month at present, "whether for lack of treatment or because of very advanced stages of the disease."

Furthermore, some 400 AIDS victims from Europe, the United States, and Canada will meet in Madrid next spring to hold the fourth international congress on this subject, based on a decision made in the Spanish capital by several representatives.

Hector Anabitarte, spokesman for the Citizens Anti-AIDS Committee, explained to EFE that this congress, supported by the World Health Organization (WHO), the Red Cross, and the Autonomous Community and City Hall of Madrid, will deal with the AIDS problems in jails and heterosexual transmission of the disease.

First Doctors Tried for Negligence Involving AIDS Infections

90WE0054C Madrid EL INDEPENDIENTE in Spanish 14 Nov 89 p 26

[Text] The Prosecuting Ministry has requested a prison term of 1 year and 8 months for Josep Maria Capdevila, former medical director of the Principes de Espana Hospital in Bellvitge (Barcelona), where two patients were infected with AIDS from a transfusion between 1986 and 1987.

The prosecutor requested the same sentence for Carmen Ferran Campos, chief of the hematology service, and for Antonio Rubio Baget, head of the blood bank. All three have been accused of the crimes of issuing deteriorated medication, issuing medication without fulfilling the regulatory formalities, and wanton negligence. Fortunato Frias, former manager of the hospital, has been accused of the first two crimes, for which a prison term of 1 year and 3 months has been requested.

The prosecutor has also sought compensation of 10 million pesetas for each of the two patients, and the requirement that the three indicted physicians must guarantee compensation totaling 15 million if those infected should develop the disease. The particular charge (also brought by a third patient, although the blood transfusion contaminated with the virus to which he was subjected preceded the ruling issued by the Generalitat [Catalonian Legislature]) requests penalties similar to those sought by the prosecutor.

Witnesses From the Generalitat

Starting today, about 100 witnesses, including two councillors from the Generalitat de Catalunya, will file into the room of the Barcelona Court's ninth section of criminal proceedings, in what will be the first trial in Europe involving infection by AIDS antibodies in a hospital. In other European countries the legal claims on these grounds are being settled in civilian courts. The Bellvitge hospital failed to comply with an order requiring the analysis of all donations. As has been established in the 2,000 pages comprising the summary, the Generalitat's

Health Council issued an order on 10 October 1986 stipulating that all blood banks must subject donations to antibody detection. Nevertheless, since that regulation went into effect and up until 26 February 1987, 6,226 donations were received in the Bellvitge hospital without the required test; and 2,284 transfusions were given during that period.

Officially, "only" one person has died, although it is believed that six others who succumbed because of having contracted this disease may be associated with the case. Two patients at the center, aged 61 and 39 (whose names remain concealed at the wish of the plaintiffs themselves), were infected after having received transfusions carrying antibodies.

According to the special prosecutor in the case, Jose Maria Mena, both are now asymptomatic carriers of AIDS antibodies. Included among those summoned to make statements are council members Josep Laporte (now on the Education Council) and Xavier Trias, currently on the Health Council. At the time of the incidents, the former served on the Health Council and the latter was general director of the Institut Catala de la Salut [Catalonian Institute of Health], an oversight agency to the Bellvitge hospital. Nevertheless, both have appealed to their status as privileged persons to avoid having to appear in court personally; hence, they will respond in writing to the interrogation already prepared.

Suspense

In addition to being the first trial in Europe to decide on this issue through a criminal process, this case has evoked enormous suspense because, for the first time, a court will have to decide whether or not blood is a medication, and also whether a person with AIDS antibodies, even when the disease is not developed, can be considered a sick person.

Still in the process is a criminal charge brought by Apolonia Pasamontes, a 43-year-old housewife, against the Vall d'Hebro hospital, also in Barcelona. On 14 May 1986, when it was not yet compulsory to make the AIDS test, she received a transfusion with contaminated blood. On 3 October of last year she filed the complaint, but her case is still being held up in the No 20 Trial Court of Barcelona.

The Association for User Health Integration (ALSU) has charged that, a year before the Generalitat issued the order requiring blood banks to make the tests to detect antibodies, the Vall d'Hebro hospital already had an internal protocol requiring such analyses.

Lack of Information

Apolonia Pasamontes Rubio refused to remain anonymous, and decided to file the complaint. Now she is charging the lack of information to which the affected citizens are subjected. She has even reported that, "In the hospital they did not inform me of the means of infection; telling me only to be careful with toothbrushes

and to use condoms." However, the doctors treating her were especially "kind" to her: They advised her not to say anything to her relatives, so that they would not avoid her; or to her fellow workers, so that they would not eject her.

She said no, that she rejected silence, despite the bad experience that she was having and still has. "The individuals responsible for all this should perhaps receive a little of my blood and find out what it's like to undergo what I'm undergoing," she remarked. For the present, she does not yet know whether she has contracted the disease, because the doctors visiting her regularly (now from the Barcelona Clinic Hospital) only tell her that she is "a carrier of the virus in an advanced stage."

Her situation is such that, at present, her body might not resist pneumonia. A person with a normal degree of health has a proportion of between 900 and 1,000 lymphocytes; she has only 70.

AIDS Test in Hospitals

During the past 2 years Spanish hospitals have been subjecting to the AIDS test all material capable of containing the virus, whether it be blood plasma, used on a mass scale in surgical operations, or other blood-derived products, for example, those injected into hemophiliacs every time they sustain a wound.

Nevertheless, this has not prevented a total of 136 hemophiliacs from dying during recent years in our country as a result of AIDS infection, according to the figures released by the National Federation of Hemophiliacs. This institution, which includes a total of 2,500 Spaniards suffering from this congenital disease, claims that most of those in this group infected with AIDS before 1986 received it from contaminated blood transfusions.

In that year international laboratories created the HIV (human immunodeficiency virus, the cause of AIDS) detection test, the use of which was made compulsory in all Spanish hospitals. It was the delay of several months in implementing the test in a Barcelona hospital that prompted the judicial proceedings in October 1986 against those in charge of the center, whose public hearing is taking place now.

Therefore, according to the experts, there does not exist the risk of contagion that was present during the 8-year period from 1978, when AIDS broke out in the West, until the test was generalized. The "test," known by the initials ELISA, offers a total margin of safety, because it detects the presence of HIV antibodies; except in the case of carriers of the virus who have not developed antibodies: a "statistically negligible" risk, according to the experts.

Subsidized Syringes as Anti-AIDS Measure*90WE0037A Madrid DIARIO 16 in Spanish
19 Oct 89 p 17*

[Article: "Basque Government Will Subsidize Purchases of Syringes and Condoms"]

[Text] Drug addicts will be able to purchase syringes and condoms in nearly 1,000 pharmacies in the Basque Country. These items will be subsidized by the Basque Department of Health and will be sold for a price of 50 pesetas. This is part of a program designed by the health officials to prevent AIDS.

Yesterday in San Sebastian the Basque government's health and consumer affairs director, Jose Manuel Freire, signed a cooperation agreement covering this program with the presidents of the Colleges of Pharmacists of the three Basque provinces. This agreement will take effect on 1 November 1989.

The pharmacists have agreed to sell condoms and syringes and to inform and remind heroin addicts of the dangers of infection they risk by sharing syringes and by having sexual relations without using condoms.

For 50 pesetas, drug addicts will be able to purchase a syringe with a hypodermic needle already inserted; both items will be sold packaged in a hard plastic case with a cap. The users will be asked to place the syringe and needle back in this case after use, and then to throw the package away.

The same package, to be sold in a plastic bag labelled "No to AIDS, Yes to Life," will also contain a condom and instructions for using both the syringe and the condom.

The purposes of the plan to distribute these items through pharmacies are: to keep drug addicts from sharing syringes, to encourage them to use condoms, to keep used syringes from posing a risk to the general population, and to set up an information and education outreach program, so that health officials will be able to reach the drug users' community on a regular basis.

Freire acknowledged that the step his department has taken may be "controversial," but he emphasized that it has been effective in other countries, and expressed his conviction that in AIDS prevention, "the greatest danger is doing nothing from fear of the dangers involved."

The socialist official said that AIDS is the major public health problem in the Basque Country today. The number of HIV-positive cases now numbers close to 5,000 persons; to date, 416 persons have been diagnosed as actually having AIDS. On a proportional basis, these figures are the highest in Spain.

Of the 416 patients who have been diagnosed as having AIDS, 78 percent either are or have been intravenous heroin users; about 5 percent contracted the disease by having sexual relations with infected partners.

Of the AIDS patients, 2.6 percent are the children of heroin addicts, and a similar proportion of the cases are homosexual drug addicts.

Before deciding to distribute syringes through pharmacies, the Basque health officials studied other possible distribution methods, such as vending machines, mobile vans, and health centers or hospitals. These possibilities for distribution were rejected.

The final decision was made after reviewing the experience in Holland, where health services have begun to distribute syringes and information through pharmacies and health centers.

SWEDEN**AIDS Spread Less Than Forecast***90WE0074A Stockholm DAGENS NYHETER in
Swedish 22 Nov 89 p 7*

[Article by Micke Jaresand: "HIV-Spread Less Than Feared"]

[Text] There were 2,267 HIV-positive persons in Sweden as of 31 October of this year. Of that figure 349 had contracted AIDS and of those 349, 168 had died.

This is what the most recent statistics for the spread of AIDS look like in Sweden. Numbers that are far better than the alarming reports of only 3 to 4 years ago.

The spread of HIV has leveled off and today about 30 new cases per month are reported. According to the prognoses of 1986, the number ought to have been almost 10 times greater, but the feared AIDS epidemic has failed to appear.

Several county councils have drawn the consequences from this. The special AIDS committee in Stockholm has been discontinued and in its stead there is a plan for incorporating the work on HIV/AIDS into the general healthcare system.

No other disease has involved so many physicians, researchers, volunteers, and authorities in such a short time as AIDS. Conferences and information campaigns succeeded each other.

Warning Remains

No cure or vaccine has yet to be discovered. That is why physicians and other experts are still warning against the risk of relaxing and believing that the danger is past.

"You have to view the disease in a long range perspective and make reasonable biological judgments," said Robert Olin, former head of the AIDS committee at the National Social Welfare Board, in a recent interview with the DAGENS NYHETER.

"We might be struck with a new wave of HIV-infected persons within 10 or 15 years. Then we cannot be caught unaware."

Johan Giesecke, an infection specialist in Stockholm, has a similar view.

"It is probably more dangerous to bicycle without a helmet in the streets of Stockholm, than it is to have intercourse with your neighbor without using a condom. On the other hand, if we are not careful today, we might risk an epidemic in the future. That means that we have to beat the drum now for something that actually does not threaten us until maybe 20 years from now."

Even if Sweden so far has managed to avoid an AIDS epidemic, other parts of the world are hard hit.

A whole generation of people are threatened in several countries in Africa, where the infection is spread most rapidly among heterosexuals. HIV is still a considerable threat to homosexual men and intravenous drug users in the United States. Furthermore, the virus is beginning to spread in earnest in Southeast Asia, in Thailand, for instance.

According to the latest statistics from the World Health Organization, WHO, there are 600,000 known cases of AIDS in the world. A total of 6 million people have been infected with HIV.

"During the year 2000 alone, one-half million people are expected to develop AIDS. In 1988 the same number was 100,000," says Jonathan Mann, head of the AIDS program at the World Health Organization.